

Crohn's & Colitis Foundation Visiting IBD Fellow Program: Application Overview and Guidelines

Please make sure your completed application includes all 4:

- 1. Online Application**
- 2. CV**
- 3. Recommendation Letter**
- 4. Applicant Home Institution Form**

Please email all required documents to Sudha Sarode, MSPH Program Manager:

Email: ssarode@crohnscolitisfoundation.org

I. INTRODUCTION

For over 50 years, the Crohn's & Colitis Foundation has worked to advance professional education in the diagnosis, treatment and management of patients with inflammatory bowel disease (IBD).

The program is being directed by the Crohn's & Colitis Foundation's Professional Education Committee. Members of the Committee and faculty at the IBD Fellowship Center will facilitate the program. The 2021-2022 program is supported by educational grants from AbbVie, Ferring, and Gilead.

II. PROGRAM DESCRIPTION

The Crohn's & Colitis Foundation National Visiting IBD Fellow Program is designed for gastroenterology (GI) fellows who want to gain focused experience in Crohn's disease and ulcerative colitis.

The overall goal of the program is to offer GI fellows the opportunity to accelerate their career development by participating in the clinical operations of a leading IBD Center. A formal curriculum for this program has been designed to meet educational and credential goals and to provide a comprehensive training program.

The Fellow will spend one month at a Foundation IBD Visiting Fellow Center, during which time they will be involved as an **observer**, in the clinical operations of the IBD center, participate in rounds and conferences and, hopefully, enjoy the camaraderie of the other Fellows in those programs. Based on COVID-19 restrictions, we intend to host the 2021-22 program in person, though this program may be virtual depending on observership policies at host institutions. Applicants should expect to participate in person.

The Crohn's & Colitis Foundation IBD Visiting Fellow Centers vary by each program year. The following centers are among the past participating facilities: Beth Israel Deaconess, Cedars Sinai Medical Center, Cleveland Clinic Foundation, Massachusetts General Hospital, Mayo Clinic, Mount Sinai Medical Center, Nationwide Children's Hospital, Northwestern University, NYU School of Medicine, University of Chicago, University of California at San Francisco, University of Michigan, University of North Carolina, University of Pittsburgh and Washington University School of Medicine in St. Louis.

III. APPLICANT ELIGIBILITY AND REQUIREMENTS

The ideal candidates are GI fellows who express an interest in learning more about IBD (irrespective of their plans to be in private practice or stay in academics), and who are at centers that are distant from IBD referral programs.

At the time of application, the applicant must:

1. Hold an M.D. or equivalent degree.
2. Be employed by an institution (public non-profit, private non-profit, or government) engaged in health care and/or health related research within the United States. Eligibility is not restricted by citizenship. However, proof of legal work status is required.

3. Military Personnel

- a. Must have **full written approval to participate in the program before applying** from their medical director and any military oversight personnel.
- b. As part of the application, you must submit a detailed letter stating that if accepted into the program your supervisor and department are able to accept the stipend provided by the Crohn's & Colitis Foundation to off-set the participants salary.
- c. If accepted, the Foundation will provide a proffer letter.

IV. BUDGET POLICIES AND RESTRICTIONS

- No indirect costs are allowed.
- Housing and travel costs are paid for by the Crohn's & Colitis Foundation. The Foundation will also provide a post-program stipend to cover **some** additional expenses at the completion of the program and return of ALL required documentation. If accepted, a Travel and Expense policy will be provided.

***Please be advised that the Crohn's & Colitis Foundation reserves the right to determine which items are reimbursable. ***

V. REPORTING REQUIREMENTS

At the end of the program Fellows must submit:

- Receipts for the Crohn's & Colitis Foundation related expenses.
- Daily activity report which is signed by faculty members.
- Pre and Post- evaluation survey
 - The surveys and the activity report will be provided by the Crohn's & Colitis Foundation.
- After successful completion of the program, your stipend will be issued.

VI. APPLICATION SCORING AND NOTIFICATION PROCEDURE

The application must be completed and sent to the Crohn's & Colitis Foundation along with the following documents:

1. Online Application: [Click here for link](#)
2. A current CV – should include the following information:
 - Education (beginning with entry into college)
 - Experience (all positions held post-doctoral)
 - Degree title and year conferred
 - Training in IBD (type of training, institution, dates & director)
 - Specialty or subspecialty board certification(s) held
 - All publications
 - Academic professional honors (including all scholarships, traineeships, fellowships, with data and sources)
 - Membership in professional societies within the past 10 years
3. Recommendation letter – One (1) letter from the Program Director explaining why you are a good candidate for this Fellowship.
 - Applicant Home Institution form: [Click here to download form](#)

Military Personnel (ONLY)

1. Military personnel please provide additional documentation requested above on page 3.

Please email required documents to:

Sudha Sarode, MSPH Program Manager
Email: ssarode@crohnscolitisfoundation.org

Subject line: Visiting IBD Fellow Program 2021-2022

The Visiting IBD Fellow program is funding dependent and applications are due by the due date. Applicants will also receive a notice as to when completed applications will be reviewed and scored. Incomplete applications will **not** be scored.

The Visiting IBD Fellow Scoring Committee will be composed of three to five members of the Crohn's & Colitis Foundation Professional Education Committee. All applications will be scored in three categories:

1. Availability of IBD training at their home institution
2. Objective criteria, which includes but is not limited to the fellow's educational and research accomplishments, and
3. The candidate's responses to application questions and their interest in the program.

The candidates with the highest score will be selected for the program and notified via email

THE CROHN'S & COLITIS FOUNDATION VISITING IBD FELLOW PROGRAM

2021-2022

Application – Part I

First Name	Middle Name:	Last	Gender:	D.O.B:
Home Address:	Street:		Apt # (if applicable)	
City:	State:		Zip:	
Physician License Number:	Physician License State:		NPI Number:	
Institution:				
Address:				
City:	State:		Email:	
Business Telephone:	Fax:		Cell Phone:	
Current Appointment:	Degree:			
Title:				

2. What is the complete name and address of your current fellowship?

3. How many GI fellows does your institution support each year?

4. Do you have IBD teaching faculty at your program?

- None
- 1
- 2
- >

5. What IBD exposure is received from your home institution for dedicated outpatient visits?

- Less than 10% are IBD patients
- 10-30% are IBD patients
- 30-50% are IBD patients
- Over 50% are IBD patients
- Institution has a dedicated IBD center

6. What IBD exposure is received from your home institution for inpatient care?

- Less than 10% are IBD patients
- 10-30% are IBD patients
- 30-50% are IBD patients
- Over 50% are IBD patients

7. Have you identified any mentorship in IBD (inside or out of home institution) ? _____

Yes _____ No _____

8. What type of teaching exposure do you get through your training program?

- General teaching and residency appointments
- GI teaching and residency appointments
- N/A

9. Is your program ACGME approved? _____ Yes _____ No

10. Please list states in which you are licensed to practice.

11. Are you a professional member of the Crohn's & Colitis Foundation

_____Yes _____No _____Send Me More Information

12. If selected to participate, would you be willing to share your contact information with other Fellows in the program?

_____Yes _____No

13. Where did you hear about this Visiting IBD Fellow Program?

- ☐ Colleague ☐ Other Journal ☐ Foundation Website
☐ Crohn's & Colitis Congress ☐ Fellowship Brochure ☐ GI dept. at home institution
☐ IBD Journal or Crohn's & Colitis 360 Ad ☐ Foundation Chapter
☐ Other (Please Specify: _____)

14. What prior experiences have sparked your interest in Inflammatory Bowel Disease?

15. What do you hope to gain from this program?

16. What are your career plans?

17. These are the Crohn's & Colitis Foundation IBD Visiting Fellow Centers for 2021-2022 program cycle. Below, please list your first, second, and third choices, AS WELL AS the months that you are available to travel.

If selected, you will NOT be able to switch your assigned Crohn's & Colitis Foundation Visiting IBD Fellow Center

Beth Israel Deaconess Medical Center , Boston, MA- *ADULT Only*

Cedars-Sinai Medical Center, Los Angeles CA-*ADULT or PEDIATRIC *

Cleveland Clinic Foundation, Cleveland OH-*ADULT ONLY*

Massachusetts General Hospital, Boston, MA - *ADULT ONLY*

Mount Sinai Medical Center, New York, NY -*ADULT or PEDIATRIC *

Mayo Clinic, Rochester, MN - *ADULT ONLY*

Nationwide Children's Hospital, Columbus, OH-*PEDIATRIC ONLY*

Northwestern University, Chicago, IL , *ADULT ONLY*

NYU School of Medicine-New York, NY ,*ADULT ONLY*

University of Chicago, Chicago, IL , *ADULT or PEDIATRIC*

University of Michigan, Ann Arbor, MI , *ADULT ONLY*

University of North Carolina, Chapel Hill, NC *ADULT ONLY*

University of Pittsburgh, Pittsburgh, PA *ADULT ONLY*

University of California at San Francisco, San Francisco, CA *ADULT ONLY*

Washington University School of Medicine in St. Louis, St. Louis, MO *ADULT ONLY*

You must put 3 choices. Application without 3 choices will be AUTOMATICALLY disqualified!

1. _____

2. _____

3. _____

MONTHS AVAILABLE: _____

(The months of July, August, December, January, May and June are not available.)

*We will be in touch if any COVID-19 related changes will impact the location/dates

Applicant Home Institution – Part II

Program Director(s) / Mentor(s):

Name: _____ Degree(s) _____

Office Address: _____

City: State: Zip Code: _____

Office Number: (____) _____ Fax: _____

Name: _____ Degree(s) _____

Office Address: _____

City: State: Zip Code: _____

Office Number: (____) _____ Fax: _____

Required Signatures – Part III

THIS STATEMENT MUST BE SIGNED BY THE APPLICANT

I am familiar with the regulations, policies and objectives of the Crohn's & Colitis Foundation, concerning this application for the Crohn's & Colitis Foundation National Visiting IBD Fellow Program.

In the event this application is approved, I agree to fully comply with these regulations during the entire period of the program and am aware of the reporting requirements I must adhere to.

Signature _____ Date _____

THIS STATEMENT IS TO BE SIGNED BY THE DEPARTMENT DIRECTOR

I am familiar with this application for the National Visiting IBD Fellow Program of the Crohn's & Colitis Foundation, and with the regulations, policies, and objectives of the Visiting IBD Fellow Program.

Signature _____ Date _____

Name: _____

Department: _____

Institution: _____