



2026-2027 Visiting IBD Observership Program: Applicant Home Institution Form

(THIS FORM IS TO BE COMPLETED BY PROGRAM DIRECTOR)

Fellow Name: _____

Does your institution have a dedicated IBD center/program? (Yes/No) _____

How many IBD teaching faculty do you have at your institution? _____

How much IBD exposure do your fellows receive for dedicated outpatient visits? (Select 1)

- ☐ Less than 10% are IBD patients
- ☐ 10-30% are IBD patients
- ☐ 30-50% are IBD patients
- ☐ More than 50% are IBD patients

How much IBD exposure do your fellows receive for dedicated inpatient visits? (Select 1)

- ☐ Less than 10% are IBD patients
- ☐ 10-30% are IBD patients
- ☐ 30-50% are IBD patients
- ☐ More than 50% are IBD patients

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

Your Name: _____ Degree(s): _____

Institution: _____

Email: _____

Signature: _____ Date: _____
