## CONSORTIUM PARTNERS/SIGN-OFF

## Postdoctoral Programs

Consortium Name:

Program/Department Name (if applicable):

Location (City/State):

Indicate the traditional or specialty practice area of the program:

Date of last CoA site visit:  Number of residents in program this year:

List all consortium affiliates, including addresses and the contact person for each site (add rows as needed):

|  |  |  |
| --- | --- | --- |
| **Consortium Site** | **Address** | **Contact Name/Title** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**(OPTIONAL) Additional Countersigners:** *As a consortium program, you may elect to seek sign-off from additional institution/department/program contacts (e.g. Institution Head of each individual consortium site, Training Directors at each site, etc.). Please identify any additional countersigners and provide a signature for each. Signatures indicate that the self-study has been approved for submission and serve as an invitation to conduct a site visit to the program.*

*Please note that these individuals are an optional supplement to the required countersigners (i.e. Program Director, Institution Head) that will electronically sign-off on the self-study in the CoA Portal. Additional countersigners are NOT required for postdoctoral programs.*

|  |  |
| --- | --- |
| ***Institution/Agency Head (name):*** |  |
| **Signature (or that of designee\*):** |  |
| **Title:** |  |
| **Consortium Site:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

*(Add additional tables as needed)*

\*If signed by designee, provide the full name of that individual in addition to the name of the person for whom he/she signed.

|  |  |
| --- | --- |
| ***Program Contact (name):*** |  |
| **Signature:** |  |
| **Title:** |  |
| **Consortium Site:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

*(Add additional tables as needed)*

|  |  |
| --- | --- |
| ***Department Contact (name):*** |  |
| **Signature:** |  |
| **Title:** |  |
| **Consortium Site:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

*(Add additional tables as needed)*

**Please note that a signature from each consortial partner is required on the consortium agreement (see Standard I.B.2 & IR C-24 P).**