Exception Agreement for Pediatric Anesthesiology Fellowship SF Match

To be completed by the Program Director

Fellowship Program Information (filled out by program)

Fellowship Name _____ ACGME Program ID _____

Program Director _____ Program Director email _____

☐ I confirm that my fellowship program is registered with SF Match.

☐ I confirm that a fellowship position is available for _____
applicant name
and will be assigned to them before the match.

PD must submit the rank list with this applicant in one of the guaranteed to match positions for the program.

Mark the applicable exception(s) – must select at least one

Exceptions to the standard match process have been agreed upon by the Pediatric Anesthesiology Program Directors' Association and allow an exception agreement to occur between an applicant and program at the program director's discretion, in the following situations:

☐ Military applicants, when separately approved and funded by the US Military

☐ Applicants who are also accepting an advanced fellowship position (24-months total)

Advanced fellowship _____

☐ Internal program applicant (applicant from an affiliated program)

☐ Couples match – both applicants must be applying to pediatric anesthesiology

Name of other applicant _____

Program Director: After completion of the form, sign and date below and submit this PDF to your applicant for verification and completion.

Applicant Information (filled out by applicant)

Legal Name _____ SF Match ID _____

Applicant email as registered with SF Match _____

Applicant Current Residency or Employer _____

☐ I confirm that I am registered for the SF Match.

☐ I confirm that I agree to accept this ACMGE-accredited fellowship position at
_____ in pediatric anesthesiology.
program name
The applicant must submit a rank list with this program listed as first choice.

Applicant: PLEASE SIGN AND DATE BELOW FOR CONFIRMATION OF THIS MATCH EXCEPTION AGREEMENT AND EMAIL THE COMPLETED FORM TO **exceptions@pedsanesthesia.org**

Once received, a confirmation email will be sent to both the program director and the applicant. The position will be posted on the PAPDA fellowship page under "Completed Exception Agreements."

PROGRAM DIRECTOR SIGNATURE. _____. DATE_____

APPLICANT SIGNATURE_____. DATE _____