

**U.S. Department of Health and Human Services  
Public Health Service**

**Information and Instructions for Completing  
Statement of Appointment (Form PHS 2271)**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). Do not return the completed form to this address.

## **I. INTRODUCTION**

This form is to be used to appoint individuals as trainees to institutional Ruth L. Kirschstein-National Service Research Award (Kirschstein-NRSA) programs (e.g., T32, T34, T35) and applicable non-NRSA individual and institutional research training programs (e.g., the NIH intramural research training award program and T15 training grants). It can also be used to document the appointment of scholars to institutional career development awards (e.g., K12) and individual participants to research education awards (e.g., R25).

Please read carefully the following instructions, including the Privacy Act Statement at the end of this document. All items on the form must be completed unless otherwise indicated in these instructions.

## **II. GENERAL INSTRUCTIONS**

### **A. Definitions:**

#### **Types of Awards**

**Kirschstein-NRSA.** Awards that provide undergraduate, predoctoral, and postdoctoral research training support under the authority of Section 487 of the PHS Act (42 USC 288). All Kirschstein-NRSA trainees must meet specific citizenship requirements – for details, see Item 8.

**Non-NRSA Research Training.** Awards that provide predoctoral and postdoctoral research training support through non-NRSA funding authorities. These training programs may or may not have the same provisions and requirements as Kirschstein-NRSA awards (e.g., specific citizenship requirements).

**Career Development.** Awards that provide doctoral-level investigators an opportunity to enhance their research careers. Individuals appointed to institutional career development awards must meet specific citizenship requirements—for details, see Item 8.

**Research Education.** Awards that provide support for programs intended to attract investigators to a specific field of study. Individuals appointed to research education award

programs may or may not be subject to specific citizenship requirements—for details, see Item 8.

### **Types of Appointments**

**Trainee.** A person appointed to and supported by an institutional Kirschstein-NRSA or non-NRSA research training award.

**Scholar.** A person appointed to and supported by an institutional career development award.

**Participant.** A person appointed to and supported by a research education award.

### **B. Application**

A “Statement of Appointment” form covers the support of an individual for a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a Kirschstein-NRSA or other applicable PHS institutional training grant. This form may also be used to document the salary and other support provided to an individual as a scholar or participant under a career development or research education program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs. If there are multiple Program Directors on the award, the contact PD should sign.

For **new** postdoctoral trainees appointed to Kirschstein-NRSA institutional grants, a signed and dated [payback agreement](#) must be submitted with this appointment form before a stipend or other allowance may be paid.

### **C. Submission**

The original should be sent to the awarding component. A copy should also be given to the trainee, scholar, or participant, the Program Director, and Business Official.

## **III. ITEM-BY-ITEM INSTRUCTIONS**

**Item 1. PHS Grant Number.** Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03 would be listed as Type: 5; Activity Code: T32; ID Serial Number: GM12453-03.

**Item 2. Trainee/Scholar/Participant Name.** Self-explanatory.

**Item 3. Sex.** Self-explanatory.

**Item 4. Type of Action.**

**New Appointment:** When an individual has not been previously supported by this grant.

**Reappointment:** When an individual was supported by this grant during a previous budget period, the appointment covered by this form is designated a reappointment. Skip the shaded items if the information provided will be the same as that reported during the prior budget period. Always complete the non-shaded items.

**Amendment:** “Amendment” pertains only to a change of item 15 (Appointment Period); or 20 (Support from this Grant) during a period of appointment for which a “Statement of Appointment” form has already been submitted. Amendments must be submitted as soon as the change occurs. Complete only items 1, 2, 4, 6, 22, 23, and the item(s) to be amended.

**Item 5. Prior NRSA Support.** Provide information on support from any Kirschstein-NRSA grants and

awards received prior to this grant year.

**Item 6. Social Security Number.** Trainees/scholars/participants are asked to voluntarily provide the last four digits of their Social Security Numbers. This information provides the agency with vital information necessary for accurate identification and review of appointments and for management of PHS grant programs. See the Privacy Act Statement at the end of these instructions for further information concerning this request.

**Item 7. Birthdate.** Self-explanatory.

**Item 8. Citizenship.** Check the box corresponding to the trainee's, scholar's, or participant's citizenship and visa status. If not a U.S. citizen, list the country of citizenship.

A **noncitizen national** is an individual who, although not a citizen of the United States, owes permanent allegiance to the United States. Individuals in this category are generally born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa).

Kirschstein-NRSA trainees and institutional career development scholars must be U.S. citizens, non-citizen nationals, or permanent residents of the United States. Individuals on temporary or student visas are not eligible. Trainees or scholars in these programs who are permanent residents of the U.S. must submit a notary's signed statement with this appointment form certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status.

Trainees in non-NRSA research training programs and participants in research education award programs should consult the applicable Funding Opportunity Announcement (FOA) or the NIH intramural research training award program for citizenship requirements.

**Item 9. Permanent Address.** Provide mailing and e-mail addresses by which the appointed individual can be reached **after** completion of support from the program. (Do not give current addresses unless they are considered permanent as defined above.)

**Items 10-13. Race/Ethnicity/Disability/Disadvantaged Background.** Responses to these items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background.

Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect their appointments.

This information will be retained by the PHS in accordance with and protected by the Privacy Act of 1974. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals. (See the Privacy Act Statement at the end of these instructions for more information.)

## **10. Are you Hispanic (or Latino)?**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".

## **11. What is your racial background?**

**Check one or more.**

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## **12. Do you have a disability?**

**Disability:** A physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990, as amended.

## **13. Are you from a disadvantaged background?**

Applies to high school and undergraduate appointees only.

**Disadvantaged Background:** An individual is considered to be from a disadvantaged background if he or she:

1. Comes from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>.
2. Comes from an educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition of the knowledge, skills, and abilities necessary to develop and participate in a research career.

**Item 14. Field of Training (FOT).** Provide a single numeric FOT code from the list below that best fits the research training that will be provided during the appointment.

<b>BIOLOGICAL/BIOMEDICAL SCIENCES</b>			
130 Anatomy	142 Developmental Biology/Embryology	175 Pathology, Human & Animal	
110 Bacteriology	139 Ecology	180 Pharmacology, Human & Animal	
100 Biochemistry	145 Endocrinology	185 Physiology, Human & Animal	
102 Bioinformatics	148 Entomology	115 Plant Genetics	
103 Biomedical Sciences ( <i>see also Statistics in MATHEMATICS and SOCIAL SCIENCES</i> )	167 Environmental Toxicology	120 Plant Pathology/Phytopathology	
	137 Evolutionary Biology	125 Plant Physiology	
133 Biometrics & Biostatistics	170 Genetics/Genomics, Human & Animal	155 Structural Biology	
105 Biophysics ( <i>also in Physics</i> )	151 Immunology	169 Toxicology	
107 Biotechnology	152 Marine Biology & Biological Oceanography	168 Virology	
129 Botany/Plant Biology	157 Microbiology	189 Zoology	
158 Cancer Biology	154 Molecular Biology	198 Biology/Biomedical Sciences, General	
136 Cell/Cellular Biology & Histology	160 Neurosciences & Neurobiology	199 Biology/Biomedical Sciences, Other	
104 Computational Biology	163 Nutrition Sciences		
	166 Parasitology		
<b>HEALTH SCIENCES</b>			
290 Clinical and Translational Sciences	212 Health Systems/Service Administration		
	222 Kinesiology/Exercise Physiology	245 Rehabilitation/Therapeutic Services	
210 Environmental Health	240 Medicinal/Pharmaceutical Sciences	200 Speech-Language Pathology & Audiology	
220 Epidemiology	230 Nursing Science	250 Veterinary Sciences	
227 Gerontology ( <i>Also in Social Sciences</i> )	207 Oral Biology/Oral Pathology	298 Health Sciences, General	
217 Health Policy Analysis	215 Public Health	299 Health Sciences, Other	
<b>CHEMISTRY</b>			
526 Organic Chemistry	539 Chemistry, Other		
<b>PHYSICS</b>			
565 Biophysics ( <i>also in BIOLOGICAL SCIENCES</i> )	577 Medical Physics/Radiological Science	579 Physics, Other	
<b>COMPUTER SCIENCES</b>			
410 Information Sciences & Systems ( <i>see also Bioinformatics in BIOLOGICAL SCIENCES</i> )	419 Computer & Information Science, Other		
<b>MATHEMATICS</b>			
450 Statistics ( <i>also in SOCIAL SCIENCES; see also Biometrics and Statistics in BIOLOGICAL SCIENCES</i> )			
<b>ENGINEERING</b>			
306 Bioengineering & Biomedical Engineering	399 Engineering, Other		

<b>PSYCHOLOGY</b>		
600 Clinical Psychology	614 Health & Medical Psychology	633 Psychometrics & Quantitative Psychology
603 Cognitive Psychology & Psycholinguistics	627 Neuropsychology/Physiological Psychology	639 Social Psychology
612 Developmental & Child Psychology	624 Personality Psychology	649 Psychology, Other
615 Experimental Psychology		
<b>SOCIAL SCIENCES</b>		
662 Demography/Population Studies	690 Statistics ( <i>also in MATHEMATICS; see also Biometrics and Statistics in BIOLOGICAL SCIENCES</i> )	699 Social Sciences, Other
684 Gerontology ( <i>also in HEALTH SCIENCES</i> )		
<b>OTHER FIELDS</b>		
980 Social Work	989 Other	

**Item 15. Period of this Appointment.** The period shown must always be 8 weeks or more and in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS.

**Item 16. Education.** List undergraduate, master's, and doctoral degrees and the month and year earned.

**Item 17. Specialty Boards.** If applicable, select a specialty from the attached list. If not applicable, indicate N/A.

**Items 18-19. Degrees Sought.** Provide the degree sought under the award and the expected completion date (mm/yyyy). Indicate whether the appointee is in a dual degree program (e.g., M.D./Ph.D.). Appointees in dual-degree programs (e.g., M.D./Ph.D., D.D.D./Ph.D.) should report all degrees being sought.

**Item 20. Support for Period of Appointment.** Indicate the total amount the appointee expects to receive from the grant during the appointment period. For trainees, provide the stipend amount. CDC trainees should provide the stipend amount, tuition/fees, and travel. For career development scholars and research education award participants, report only the salary or subsistence allowance to be received from the grant.

**Item 21. Statement of Nondelinquency on U.S. Federal Debt.** A "Statement of Nondelinquency on Federal Debt" is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a PHS institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the "Yes" box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

- For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

**Item 22. Certification and Signature of Appointee.** Self-explanatory.

**Item 23. Certification, Signature, and Address of Program Director.** Self-explanatory.

**Department of Health and Human Services  
Public Health Services  
Statement of Appointment**  
(Please Type)

**Follow attached instructions carefully.** Submit this form to the PHS awarding component at the time the individual is appointed, is reappointed, or the reported appointment is amended. For a new postdoctoral trainee under a Kirschstein-NRSA award, a signed and dated payback agreement **must** accompany this form.

1. PHS GRANT NUMBER			2. APPOINTEE'S NAME (Last, first, initial)		3. SEX	
Type	Activity	ID Serial No.			<input type="checkbox"/> M	<input type="checkbox"/> F
					<input type="checkbox"/> Do Not Wish to Provide	

4. TYPE OF ACTION (Check only one type)		5. PRIOR NRSA SUPPORT (Individual or institutional)	
<input type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 15 <input type="checkbox"/> 20		<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," see instructions)	

6. SOCIAL SECURITY NO. XXX-XX-	7. BIRTHDATE (Month, day, year)
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8. CITIZENSHIP (See instructions)		9. PERMANENT MAILING ADDRESS	
<input type="checkbox"/> U.S. Citizen or Noncitizen National  Non-U.S. Citizen  <input type="checkbox"/> With a Permanent U.S. Resident Visa ("Green Card") <input type="checkbox"/> With a Temporary U.S. Visa  If not a U.S. citizen, of which country are you a citizen?			
		E-mail	

10. Are you Hispanic (or Latino)?  YES  NO  Do Not Wish to Provide

11. What is your racial background? Check one or more		12. Do you have a disability?	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Do Not Wish to Provide		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide	
		If yes, which of the following categories describe your disability(ies):	
		<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility/Orthopedic Impairment
		<input type="checkbox"/> Visual	<input type="checkbox"/> Other
		13. Are you from a disadvantaged background? (Applies to high school and undergraduate appointees only)	
		<input type="checkbox"/> Not Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide	

14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT (for this appointment)				15. PERIOD OF APPOINTMENT (Month, day, year)	
Enter a 3 digit code from instructions: <input type="text"/> <input type="text"/> <input type="text"/>				From: <input type="text"/> To: <input type="text"/>	

16. EDUCATION – AFTER HIGH SCHOOL (Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)				
(a) Name of Institution and Location (List most recent first)	(b) Degree(s) Received		(c) Major Field	(d) Minor Field
	Degree	Mo./Yr.		

17. NAME OF SPECIALTY BOARDS (if applicable)

18. DEGREE(S) SOUGHT  YES  NO

If yes, indicate type of degree(s)

Are you in a dual degree program (e.g., M.D./Ph.D.)?  YES  NO

19. EXPECTED COMPLETION DATE FOR DEGREE(S) (mm/yyyy, if applicable)

20. SUPPORT FOR PERIOD OF APPOINTMENT

TYPE	Total for this Grant (Omit cents)
Stipend / Salary / Other Compensation	\$
TOTAL	\$

21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)?

NO  YES (If "Yes," please explain below.)

22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	(a) SIGNATURE OF APPOINTEE	(b) DATE
23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.	(a) SIGNATURE OF PROGRAM DIRECTOR	(b) DATE

(c) NAME OF PROGRAM DIRECTOR

(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO.  
(Street, city, state, zip code)

## Specialty Boards

If applicable, select a single specialty or subspecialty to complete item 17. If more than one applies, select the one most closely related to the field of career development or research training for this appointment.

Allergy and Immunology  
Allergy and Immunology

Anesthesiology  
Anesthesiology (General)  
Critical Care Medicine  
Hospice and Palliative Medicine  
Pain Medicine  
Pediatric Anesthesiology  
Sleep Medicine

Colon and Rectal Surgery  
Colon and Rectal Surgery

Dermatology  
Dermatology (General)  
Dermatopathology  
Pediatric Dermatology

Dental  
Dental Public Health  
Endodontics  
Oral and Maxillofacial Pathology  
Oral and Maxillofacial Radiology  
Oral and Maxillofacial Surgery  
Orthodontics and Dentofacial  
Orthopedics  
Pediatric Dentistry  
Periodontics  
Prosthodontics

Emergency Medicine  
Emergency Medicine (General)  
Anesthesiology Critical Care Medicine  
Emergency Medical Services  
Hospice and Palliative Medicine  
Internal Medicine-Critical Care  
Medicine  
Medical Toxicology  
Pediatric Emergency Medicine  
Sports Medicine  
Undersea and Hyperbaric Medicine

Family Medicine  
Family Medicine (General)  
Adolescent Medicine  
Adult Congenital Heart Disease  
Geriatric Medicine  
Hospice and Palliative Medicine  
Sleep Medicine  
Sports Medicine

Internal Medicine  
Internal Medicine (General)  
Adolescent Medicine  
Advanced Heart Failure and Transplant  
Cardiology  
Cardiovascular Disease  
Clinical Cardiac Electrophysiology  
Critical Care Medicine  
Endocrinology, Diabetes and  
Metabolism  
Gastroenterology  
Geriatric Medicine  
Hematology

Hospice and Palliative Medicine  
Infectious Disease  
Interventional Cardiology  
Medical Oncology  
Nephrology  
Pulmonary Disease  
Rheumatology  
Sleep Medicine  
Sports Medicine  
Transplant Hepatology

Medical Genetics  
Clinical Biochemical Genetics  
Clinical Cytogenetics  
Clinical Genetics (M.D.)  
Clinical Molecular Genetics  
Medical Biochemical Genetics  
Molecular Genetic Pathology

Neurological Surgery  
Neurological Surgery

Nuclear Medicine  
Nuclear Medicine

Nursing  
Acute Care Nurse Practitioner  
Adult Nurse Practitioner  
Adult Psychiatric and Mental Health  
Nurse Practitioner  
Advanced Clinical Diabetes  
Management, Nurse Practitioner  
Gerontological Nurse Practitioner  
Clinical Nurse Specialist in Adult  
Psychiatric and Mental Health  
Nursing  
Clinical Nurse Specialist in Advanced  
Diabetes Nursing  
Clinical Nurse Specialist in Child and  
Adolescent Psychiatric and Mental  
Health Nursing  
Clinical Nurse Specialist in  
Gerontological Nursing  
Clinical Nurse Specialist in Home  
Health Nursing  
Clinical Nurse Specialist in Pediatric  
Nursing  
Clinical Nurse Specialist in  
Public/Community Health Nursing  
Family Nurse Practitioner  
Family Psychiatric and Mental Health  
Nurse Practitioner  
Pediatric Nurse Practitioner  
School Nurse Practitioner

Obstetrics and Gynecology  
Obstetrics and Gynecology (General)  
Critical Care Medicine  
Female Pelvic Medicine and  
Reconstructive Surgery  
Gynecologic Oncology  
Hospice and Palliative Medicine  
Maternal and Fetal Medicine  
Reproductive Endocrinology/Infertility

Ophthalmology  
Ophthalmology

Orthopedic Surgery  
Orthopedic Surgery (General)  
Orthopedic Sports Medicine  
Surgery of the Hand

Otolaryngology  
Otolaryngology (General)  
Neurotology  
Pediatric Otolaryngology  
Plastic Surgery Within the Head and  
Neck  
Sleep Medicine

Pathology  
Pathology - Anatomic/Pathology -  
Clinical  
Pathology - Anatomic  
Pathology - Clinical  
Blood Banking/Transfusion Medicine  
Clinical Informatics  
Cytopathology  
Dermatopathology  
Neuropathology  
Pathology – Chemical  
Pathology – Forensic  
Pathology – Hematology  
Pathology – Medical Microbiology  
Pathology – Molecular Genetic  
Pathology – Pediatric

Pediatrics  
Pediatrics (General)  
Adolescent Medicine  
Child Abuse Pediatrics  
Developmental-Behavioral Pediatrics  
Hospice and Palliative Medicine  
Medical Toxicology  
Neonatal-Perinatal Medicine  
Neurodevelopmental Disabilities  
Pediatric Cardiology  
Pediatric Critical Care Medicine  
Pediatric Emergency Medicine  
Pediatric Endocrinology  
Pediatric Gastroenterology  
Pediatric Hematology-Oncology  
Pediatric Infectious Diseases  
Pediatric Nephrology  
Pediatric Pulmonology  
Pediatric Rheumatology  
Pediatric Transplant Hepatology  
Sleep Medicine  
Sports Medicine

Physical Medicine and Rehabilitation  
Physical Medicine and Rehabilitation  
(General)  
Brain Injury Medicine  
Hospice and Palliative Medicine  
Neuromuscular Medicine  
Pain Medicine  
Pediatric Rehabilitation Medicine

Spinal Cord Injury Medicine  
Sports Medicine

Plastic Surgery

Plastic Surgery (General)  
Plastic Surgery Within the Head and Neck  
Surgery of the Hand

Preventive Medicine

Aerospace Medicine  
Clinical Informatics  
Medical Toxicology  
Occupational Medicine  
Public Health and General Preventive Medicine  
Undersea and Hyperbaric Medicine

Psychiatry and Neurology

Neurology (General)  
Psychiatry (General)  
Addiction Psychiatry  
Brain Injury Medicine  
Child and Adolescent Psychiatry

Clinical Neurophysiology

Epilepsy  
Forensic Psychiatry  
Geriatric Psychiatry  
Hospice and Palliative Medicine  
Neurodevelopmental Disabilities  
Neurology with Special Qualifications in Child Neurology  
Neuromuscular Medicine  
Pain Medicine  
Psychosomatic Medicine  
Sleep Medicine  
Vascular Neurology

Radiology

Diagnostic Radiology  
Hospice and Palliative Medicine  
Interventional Radiology and Diagnostic Radiology  
Medical Physics  
Neuroradiology  
Nuclear Radiology  
Pediatric Radiology

Radiation Oncology  
Vascular and Interventional Radiology

Surgery

Surgery (General)  
Complex General Surgical Oncology  
Hospice and Palliative Medicine  
Pediatric Surgery  
Surgery of the Hand  
Surgical Critical Care  
Vascular Surgery

Thoracic Surgery

Thoracic and Cardiac Surgery (General)  
Congenital Cardiac Surgery

Urology

Urology (General)  
Female Pelvic Medicine and Reconstructive Surgery  
Pediatric Urology