



sfmatch

Residency and Fellowship Matching Services

Program Registration Form

Program Contact Information

Program Name: _____

Medical Institution: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____ Fax Number: _____

Contact Email: _____

Website: _____

Training Information

Type of training: _____
(Clinical, Clinical + Research, Research Only or Clinical + Optional Research)

Length of training in years: _____

Current/Upcoming Fellowship Match Information:

Number of positions that will be offered in the current/upcoming Match: _____

Interview dates: _____ Application Deadline (mm/dd/yy): _____

Please note that interview dates and application deadline are optional fields and can be entered/updated at a later date.

Program Director:

First Name: _____ M.I.: _____ Last Name: _____

Credentials (DO, MD, PhD, MBA etc): _____

Phone: _____ Email: _____

Do you have an existing SF Match account? No Yes! Please add this program to my existing account.

Account user privileges (select all that apply):

- Edit program profile Manage other user accounts
- View applications Schedule interviews
- View and Submit rank list View archive tab

I would like to receive the following communication emails:

- General announcements Invoice
- Central Application Notification emails Match results (generic: yes/no)
- Matched Results (matched applicants) Rank list results (results of all ranked applicants)

Main Contact:

First Name: _____ M.I.: _____ Last Name: _____

Credentials (DO, MD, PhD, MBA etc): _____ Title: _____

Phone: _____ Email: _____

Do you have an existing SF Match account? No Yes! Please add this program to my existing account.

Account user privileges (select all that apply):

- Edit program profile Manage other user accounts
- View applications Schedule interviews
- View and Submit rank list View archive tab

I would like to receive the following communication emails:

- General announcements Invoice
- Central Application Notification emails Match results (generic: yes/no)
- Matched Results (matched applicants) Rank list results (results of all ranked applicants)

Chair (if different than program director):

First Name: _____ M.I.: _____ Last Name: _____

Credentials (DO, MD, PhD, MBA etc): _____

Phone: _____ Email: _____

Do you have an existing SF Match account? No Yes! Please add this program to my existing account.

Account user privileges (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Edit program profile | <input type="checkbox"/> Manage other user accounts |
| <input type="checkbox"/> View applications | <input type="checkbox"/> Schedule interviews |
| <input type="checkbox"/> View and Submit rank list | <input type="checkbox"/> View archive tab |

I would like to receive the following communication emails:

- | | |
|--|---|
| <input type="checkbox"/> General announcements | <input type="checkbox"/> Invoice |
| <input type="checkbox"/> Central Application Notification emails | <input type="checkbox"/> Match results (generic: yes/no) |
| <input type="checkbox"/> Matched Results (matched applicants) | <input type="checkbox"/> Rank list results (results of all ranked applicants) |

Note: Additional users can be added at a later date by any existing user (main contact, program director and chair) as long as that user has "Manage other user accounts" privilege.

I have read and agree to abide by the SF Match rules and policies.

Program Director's Signature: _____ Date: _____