

The grid below delineates the rotations that have a duration specified in the peds portal training requirements. In the grid, please enter the number of full time equivalent months meeting each requirement in the PGY year column. Please use increments of 0.5 and higher unless there is a compelling reason to use smaller increments. Please use the column on the right to make comments or clarifications as necessary.

Specialty	Requirement	Duration requirement (FTE)	Months FTE in PGY 1	Months FTE in PGY 2	Months FTE in PGY 3	Total	Comments or clarifications as necessary
			May use increments of 0.5 and above. Do not enter data in any grey boxes.				
Psychiatry	Inpt Gen Psych	4-9					
Psychiatry	Outpt Gen Psych	6					
CAP	Inpatient/Day Treatment/Intensive Outpatient	4-6					
Psych or CAP (enter FTE in the appropriate row)	General Neurology	2 total * (1 must be in pediatric neurology; this may be met in subspecialty rotation pediatrics or in CAP)					
	Child Neurology						
Psych or CAP (enter FTE in the appropriate row)	Adult Addiction	1*					
	Pediatric Addiction						
Psych or CAP (enter FTE in the appropriate row)	Adult Consultation Medical Setting	1-2 (2 consultation months total; at least 1 mo medical)					
	Child Consultation-Medical Setting						
Psych or CAP (enter FTE in the appropriate row)	Adult consultation - other	0-1					
Psych or CAP	Child consultation – other						
TOTAL TIMED REQUIRED ROTATIONS		36					
Total timed required general psychiatry rotations		18					
Total timed required CAP rotations		18					

**Section B. Rotations not represented in Section A**

Please designate specialty, rotation name, and duration in the correct PGY column

Specialty for which the month counts (Psychiatry, Child and Adolescent psychiatry)	Rotation	Duration requirement (FTE)	Months FTE in PGY 1	Months FTE in PGY 2	Months FTE in PGY 3	Total	Comments or clarifications as necessary

**Section C. TOTAL MONTHS.**

Skip this section if no additional block months beyond required months. This section will not autopopulate. Please add the sum of columns from Sections A and B.

TOTAL months (timed required rotations plus additional block rotations)		36					
TOTAL Psychiatry Training time (timed required rotations plus additional block rotations)		18					
TOTAL CAP training months (timed required rotations plus additional block rotations)		18					

**Section D. Non-Timed requirements**

In this section, please enter the name of the rotation that meets the requirement in the appropriate PGY column.

General Psychiatry or CAP	<b>24 hour emergency psychiatric service</b>	<b>Supervised, organized educational experience and responsibility</b>					
Gen Psych or CAP	<b>Supervised neurodevelopmental and geriatric experiences</b>	<b>Organized educational experience</b>					
Gen Psych or CAP	<b>Psychological testing</b>	<b>Exposure</b>					
General Psychiatry, CAP	<b>Supervisory experiences</b>	5 (Please designate in comment column which rotations met this requirement)					

**Section E. Continuity Experineces**

For psychiatric continuity experiences, please enter the number of months of continuity clinic in each PGY column. If the period of longitudinal care includes two years, please clarify in the column to the right.

General Psychiatry	<b>Opportunity gen psych outpt longitudinal care</b>	9 months					0
CAP	<b>Opportunity CAP outpt longitudinal care</b>	12 months					0
Any	<b>Supervisory experiences</b>	5					0