The Office on Women's Health (OWH), within the U.S. Department of Health and Human Services, is conducting a national survey of hospitals approved for residency or fellowship programs to identify types and foci of existing programs and reasons for developing such programs. Please read each question below carefully and record your responses on the space provided.  Thank you very much for your assistance and cooperation.

1. Does this institution currently have a residency or fellowship program in
   women's health?
              ☐ Yes, Date established _____☐  No (Go to item 5)
   Does this institution anticipate developing a residency or fellowship in
                               women's health?
            ☐Yes, Date established _____☐ No (Go to item 5)
    2. Please supply the following information regarding the residency or
                       fellowship in women's health.
 Hospital/Medical Center: _____
 Sponsoring Department : _____
 Program Director: Name_____
            Title _____
            Address _____
                     _____
            Telephone _____      Fax_____
                 E-mail _____

  3. Please briefly describe the residency or fellowship program in women's
 health.  (Include the following specific features and any special attributes
               of the program in women's health.)

        Residency positions _____          Fellowship positions
                                        _____
        Duration to completion of residency/fellowship _____
     Co-sponsoring department/institutions _____
     Eligibility requirements _____
 _____
        Required program activities (Include duration of each rotation)
                     _____
        _____
        _____
    Elective/optional program activities (Include duration of each rotation)
                         _____
        _____
        _____
    Special degrees/certificates offered (Include additional requirements, if
                     any) _____
        _____
        _____

     Goals of the program _____
        _____
        _____
    Other program features _____
        _____
                                      I

  4. Please provide information on why the residency or fellowship program in

women's health was started.

_____

_____

_____

_____

5. If a residency or fellowship program in women's health does not exist please explain why.

_____

_____

6. Please provide the following information for the person completing the questionnaire, if        difference from the person listed in Item 2.

Contact person:

Name _____

Title _____

Address _____

_____

Telephone _____

Fax _____

E-mail _____

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