

Fellowship Certificate of Completion Request Form:

Upon completion of a two-year abdominal transplant fellowship at an accredited Abdominal Transplant Fellowship Training Program, this form must be completed for review by the Transplant Accreditation & Certification Council (TACC). Fellows are only eligible to receive a Certificate of Completion (COC) in the organ specialties in which they trained and for which a program is accredited to train. The completed form should be uploaded with the fellows completed online certificate of completion submission.

Name of Fellow: Institution: Program Director Dates of Fellowsh Fellowship Summa	ip:			
Procedure	Total Number in Principal Role	Total Number in Participant Role	Requirement for Certificate	I am submitting the adjacent volume summary for review by the Fellowship Training Committee. I understand that "Principal Role" does not suggest that an Attending
Kidney Transplants			40	Surgeon was not present during the procedure. The Fellow
Living Donor			12	can have played a principal role when working together with
Nephrectomy				a Staff Surgeon. "Principal Role" does require that the
Liver Transplants			45	Fellow was present for the vast majority of the procedure
Pancreas Transplants			10	and only one Fellow can be considered to have played the
Pancreas Back Table Preparation			10	principal role for any one procedure.
Pancreas Procurements			10	Fellow Signature Date
Intestine Transplants			10	•
Hemihepatectomies			15	
Biliary Procedures			15	
Non-Transplant Major Pancreatic Procedures			15	
Multi-Organ Procurements			25	
As a reminder, fellows a trained and for which a in:	ve-named fell icate of comp re only eligible program is acc	ow has succes letion if he/sho e to receive a C redited to trai	sfully completed a e has met the pres Certificate of Com in. I recommend th	two-year fellowship at this institution and is eligible cribed ASTS requirements. letion (COC) in the organ specialties in which they at the fellow be awarded a certificate of completion Hepatopancreatobiliary

Program Director Signature

Date