

**Neurointerventional Fellowship Match**  
**Neurointerventional Fellowship Program Letter of Commitment**

As Director of the current Neurointerventional Fellowship Program at \_\_\_\_\_, I am writing to support the efforts to form a national match program for our training in our field. Fellowships in Neurointervention have traditionally been filled through individual applications to the programs directly. This had led to a disorganized and noncentralized system that has been difficult for prospective fellows to navigate. A uniform entrance match for all certified neurointerventional fellowship programs would provide more access to prospective trainees and would help ensure that training programs consistently fill with competitive applicants. We will commit to offer all our available fellowship positions in accordance with our participation in the neurointerventional fellowship match program conducted by the National Resident Matching Program (NRMP).

**Program Information**

I reviewed the proposed structure of the match process and agree with the efforts to organize its initiation. I confirm that our fellowship program would like to participate in the Neurointerventional Fellowship Match.

Our fellowship program is

- Accredited by ACGME / NESAC (CAST)
- Not currently accredited by ACGME / NESAC (CAST)

Our program currently offers \_\_\_\_\_ fellowship positions per year.  
Our program's training positions are filled through the class starting in \_\_\_\_\_.

For the first Match, for the Class starting fellowship in July 2027, our program will be offering  
 0  1  2  Other: \_\_\_\_\_ fellowship positions.

Sincerely,

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Print Program Director Name

\_\_\_\_\_  
Date

Programs: Please (1) complete and share this form with your institutional DIO; and (2) return a copy of this form **by October 1, 2023** to [NIFellowshipMatch@snisonline.org](mailto:NIFellowshipMatch@snisonline.org).

**Neurointerventional Fellowship Match  
Letter to the ACGME Designated Institutional Official**

Dear ACGME Designated Institutional Official:

As Director of the current Neurointerventional Fellowship program at \_\_\_\_\_, I am reaching out to you for your support as we look to participate in the new Neurointerventional Fellowship Match through the National Resident Matching Program (NRMP). This is part of a nation-wide effort to organize a long-standing noncentralized system, in hopes to increase opportunity, transparency, and equitability for the prospective applicants.

Our Neurointerventional Program is certified through the

- ACGME
- Neuroendovascular Surgery Advisory Committee (NESAC / Committee on Advanced Subspecialty Training, or CAST);
- Other: \_\_\_\_\_

Our program is primarily affiliated with the following ACGME residency program:

- Neurology
- Neurosurgery
- Diagnostic Radiology
- Interventional Radiology

As such, the fellowship program's participation in an NRMP match is contingent upon your endorsement on behalf of our institution. Please review the statements on the following page and provide your response at your earliest convenience.

Thank you very much for your assistance.

Sincerely,

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Print Program Director Name

\_\_\_\_\_  
Date

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**Neurointerventional Fellowship Match**  
**ACGME Designated Institutional Official Endorsement Letter**

Dear Neurointerventional Fellowship Program Director:

I confirm my endorsement of the Neurointerventional Fellowship program at \_\_\_\_\_, through the following attestations required by the National Resident Matching Program (NRMP):

1. As the NRMP Institutional Official, I attest that this Program is under the governance of my institution.
2. As the NRMP Institutional Official, I attest that I have oversight of the Neurointerventional Fellowship Program that is affiliated with my institution. Therefore, I agree to monitor and approve all changes associated with its participation in this match.
3. As the NRMP Institutional Official, I further attest that an affiliation agreement for this non-ACGME-accredited Program is currently on file and available to the NRMP.
4. I understand that failure to agree to questions 2 and 3 will prevent the Neurointerventional Fellowship program from participating in the Neurointerventional Fellowship Match.

I attest to all the above statements.

I am unable to confirm my attestation to the above statements.

\_\_\_\_\_  
Designated Institutional Official signature

\_\_\_\_\_  
Designated Institutional Official Name

\_\_\_\_\_  
Date

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