

Form for Match Exception Agreements



2027-2028 Academic Year

PROGRAM INFORMATION

University or Hospital Name _____

Program Director Name _____

Program Director Email Address _____

APPLICANT INFORMATION

Applicant First Name _____

Applicant Last Name _____

Applicant Email Address _____

Program Directors: Please verify the following – all are required:

- ☐ I confirm that my fellowship program is registered with SF Match.
- ☐ I confirm that a fellowship position is available for the Applicant.
- ☐ I confirm that one of my available positions will be assigned to the Applicant in the Match.
- ☐ I confirm the applicant has agreed to accept this ACGME-accredited fellowship position in obstetric anesthesiology.

Exceptions to the standard match process have been agreed upon by the SOAP Obstetric Anesthesia Fellowship Program Director Committee, aka Trainee Subcommittee of the Education Committee, allowing an exception agreement to occur between an applicant and program at the program director's discretion, in the following situations listed below.

Program Directors: Mark the applicable exception(s) - must select at least one:

- ☐ Internal candidates, i.e. applicants who are currently in the anesthesiology residency program at the same institution as the Obstetric Anesthesiology fellowship
- ☐ Applicants who are making a commitment to come to the institution of the Obstetric Anesthesiology fellowship for more than one year (e.g. dual fellowship applicants)
- For tracking purposes: Is OB 1st ☐ or 2nd ☐ , and other subspecialty _____
- ☐ Applicants who are enrolled in an anesthesiology residency outside the USA at the time of the application, and/or who are not eligible for ABA certification due to non-US training
- ☐ Applicants whose spouse or partner is applying for a GME-approved post graduate training program in a medical specialty in the same region as the Obstetric Anesthesiology fellowship
- ☐ Applicants who are in active military service at the time of application

Program Director: After completion of the form, sign and date below then ***email this PDF to your applicant for verification.***

Program Director Signature _____

Date _____

Applicant: Please verify the following – all are required

- ☐ I confirm that I am applying for match exception for the 2027-2028 academic year.
- ☐ I confirm that I am registered for the SF Match.
- ☐ I confirm that I will rank only this Obstetric Anesthesiology Program in the Match.

Applicant: Sign and date below then ***email the completed form to your program director and match@soap.org.*** Please email again if you do not receive a confirmation email. Thank You!

Applicant Signature _____

Date _____