

## Program Registration Instructions Pediatric Otolaryngology Fellowship Match

Please provide all information requested on the form to avoid delays. Write "n/a" when information is not available. Indicate if this is a request for registration of new program or reinstatement of a previously registered program.

1. Program name  
Provide the name of your program as you would like it to be known to applicants. Example: University of \_\_\_\_\_, Institute of \_\_\_\_\_, \_\_\_\_\_ Center, etc. Please do not list the type of training program as program name.  
Maximum of 50 characters including spaces. Abbreviate as necessary.
2. Institution  
Name of the affiliated institution
3. Has this program been registered with SF Match before?  
If your program was a member of SF Match in the past, provide your program's former ID number.
4. Address line 1
5. Address line 2
6. City
7. State
8. Zip
9. Country
10. Website  
This is mandatory. If no website available, [www.sfmatch.org](http://www.sfmatch.org) will be used.
11. Contact Information – **emails are required for all contacts.**  
Main Contact – the main contact's information will be displayed in the online directory and is the person applicants will contact to obtain additional information, ask questions and check on application and interview status.  
The main contact is also the person who SF Match will contact to request program profile updates and SF Match annual membership dues.  
Program Director- the program director's name is displayed in the online directory; however, his/her contact information is not made public.  
Chair – the chair's name is displayed in the online directory; however, his/her contact information is not made public.
12. Number of positions being offered for the current match cycle.
13. Frequency # of positions being offered  
How often do you offer the # of positions indicated on #12? Example: same every year, every other year or varies.
14. Length of training  
Indicate length of training in years. Enter a single digit only. Ranges are not allowed.
15. Type of training
16. Interview period for the current match cycle  
Can be specific dates, date range, "ongoing", "open", "TBD". This field can be updated by the program as needed.
17. Application deadline review date  
The last day your program will review applications. If no deadline is set, this date will be defaulted to rank list submission deadline as published on SF Match web site.

All programs must abide by SF Match Rules and Policies.

Program registration/reinstatement form must be signed and dated by program director. Include payment and mail package to:

SF Match  
Attention: Dina Wong  
c/o Wells Fargo Lockbox Services  
SF Matching Program Dept #34059  
3440 Walnut Ave., Bldg A, 2nd Floor  
Fremont, CA 94538

Please make checks payable to: **Pediatric Otolaryngology Fellowship Match**

Registration confirmation, SF Match account login and instructions will be emailed to main contact within 5 business days from receipt of registration form and payment.

Please visit <http://www.sfmatch.org> and select "Pediatric Otolaryngology" from the fellowship button to learn more about the Match and see the timetable for the current match cycle.