Breast Surgical Oncology Fellowship

Complement Increase/Decrease Request

Use this form to request a change in the number of approved fellowship positions. Email the completed form and supporting documents to fellowship@surgonc.org for review by the Breast Surgical Oncology (BSO) Training Committee.

1. PROGRAM INFORMATION

Program name			
Program Director		**Email**	
Program Coordinator		**Email**	
Date of request			

2. TYPE OF REQUEST

☐ **Complement increase** ☐ **Complement decrease**

Current approved positions		**Positions to add or remove**	

3. RATIONALE

For an increase, explain how the additional position will benefit the education of current and future fellows. For a decrease, explain the reason for the change.

4. REQUIRED DOCUMENTATION FOR A REQUEST TO INCREASE APPROVED POSITIONS

Attach each of the following to your email. Check each item included.

- ☐ Historical case volumes that support an additional fellow (institutional case logs, and logs for any unaccredited fellow currently in the program)
- ☐ Evidence of an organized educational curriculum and the educational rationale for the additional position
- ☐ A block diagram or detailed yearly schedule showing how the additional fellow will integrate with the other fellows and trainees
- ☐ A letter documenting stable funding for the additional position

Additional documents are not required with the request to decrease the approved positions; the Committee may ask for more information.

5. ADDITIONAL COMMENTS

6. PLEASE NOTE

- A complement increase should not be requested for case coverage or to meet service or workforce needs. Requests based solely on the program's service needs will not be viewed favorably.
- If an increase is granted, the addition of the approved position will go into effect for the Match following the approval in complement increase and the program will be required to submit a progress report to the BSO Training Committee one year after approval.

7. PROGRAM DIRECTOR SIGNATURE

By signing, I confirm that the information in this request is accurate.

Program Director signature

Date

Program Director printed name

Questions? Email fellowship@surgonc.org.

Updated November 2026