

**Exception Form for Early Match/SF Match Program**



Today's Date \_\_\_\_\_

\_\_\_\_ I confirm that I am applying for match exception for the 2023-2024 academic year.

**PROGRAM INFORMATION**

Fellowship Program Name \_\_\_\_\_

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

Program Director Email Address \_\_\_\_\_

**APPLICANT INFO**

Applicant First Name \_\_\_\_\_

Applicant Last Name \_\_\_\_\_

Applicant Email Address \_\_\_\_\_

**Mark the applicable below – both are required**

I confirm that my fellowship program is registered with SF Match.

I confirm that a fellowship position is available for the Applicant.

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

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

Applicants who are in active military service at the time of application.

Internal candidates, i.e. applicants who are currently in the anesthesiology residency program at the same institution as the obstetric Anesthesia fellowship.

Applicants who are making a commitment to come to the institution of the obstetric anesthesia fellowship for more than one year.

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.

**Please verify the following (both are required):**

I confirm that one of my available fellowship positions is available for this applicant, and will be assigned to them before the match.

The applicant has agreed to accept this ACGME-accredited fellowship position in obstetric anesthesiology.

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

Applicant: Please sign and date below for confirmation of this early match agreement, and ***email the completed form to ([match@soap.org](mailto:match@soap.org)).***

Thank You!

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date