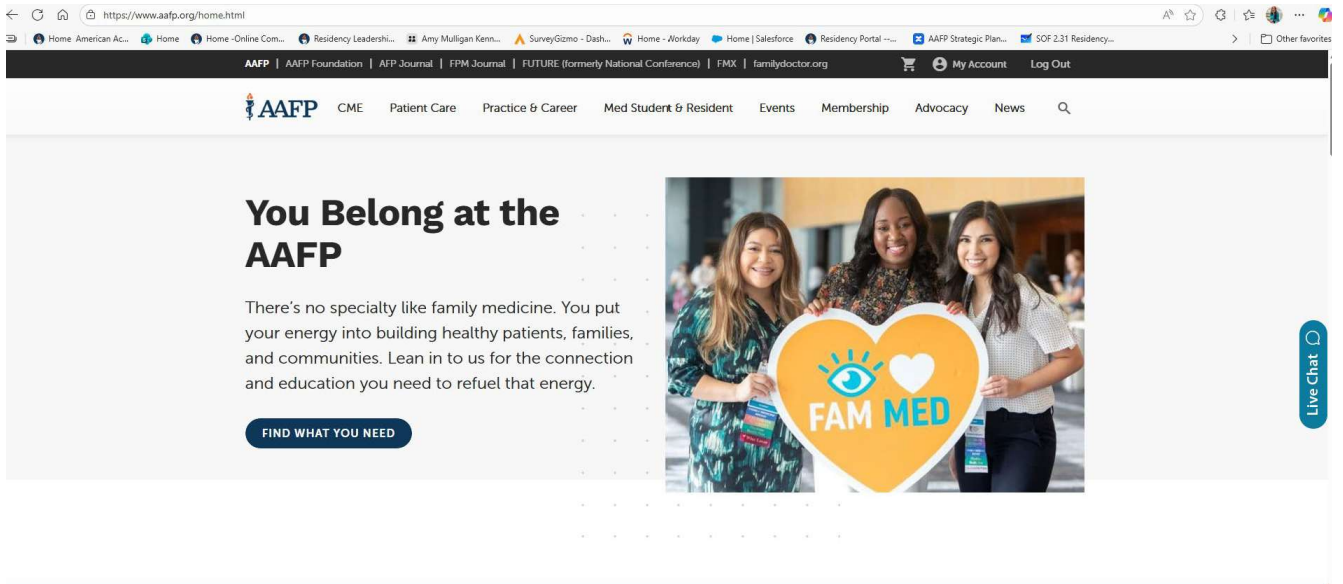
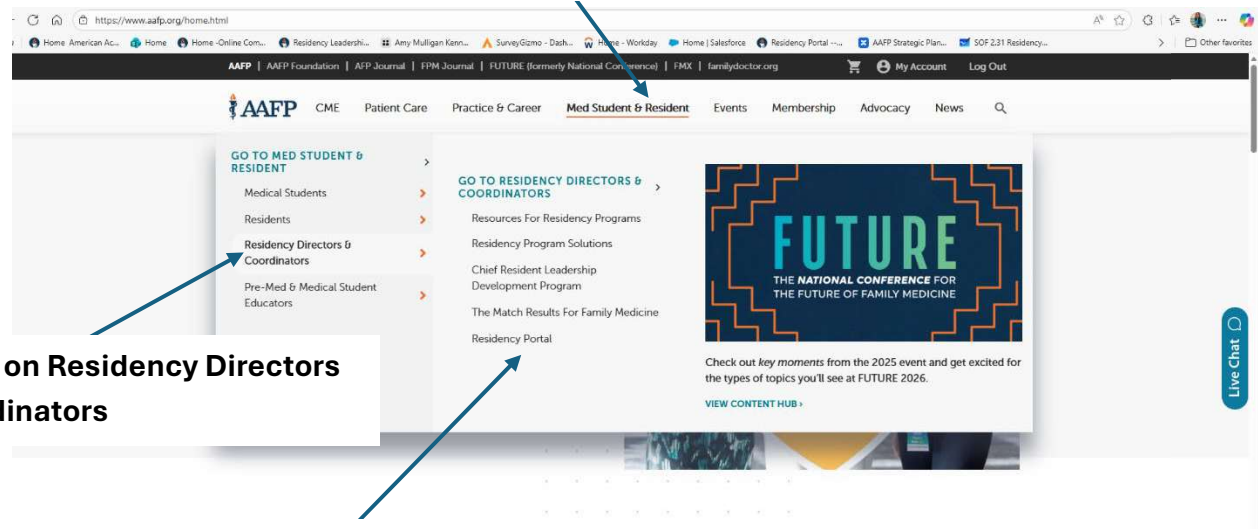


Residency and Fellowship Directory Update Instructions

1. Log in to AAFP.org.



2. Click on Med Student & Resident



3. Click on Residency Directors & Coordinators

4. Click on Residency Portal

5. On Residency Portal Page, scroll down to Directories

The screenshot shows the Residency Portal homepage. At the top, there is a navigation bar with the URL <https://www.aafp.org/medical-education/residency-portal/home>. Below the navigation bar, the page title is "Residency Portal" with a "100% Membership" badge. The main content area is divided into sections: "News" with three articles, "Residency Tools" with buttons for "Roster", "Program Info & Membership", and "Invoices & Receipts", and "Directories" with buttons for "Update Residency Directory" and "Update Fellowship Directory". A blue arrow points from the "Update Residency Directory" button in the "Directories" section to the text of step 6.

6. Click on Update Residency Directory (or Fellowship Directory)

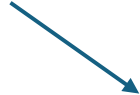
7. Select correct program (you will return to this page to edit Fellowship and/or International Rotation listing, if applicable)

The screenshot shows the "Edit Program Information" page on [aafp.org/medical-education/directory/management](https://www.aafp.org/medical-education/directory/management). The page title is "Edit Program Information" and it says "Welcome | John Brian Waits MD, FAAFP". Below the title, there is a table with columns "ORGANIZATION NAME", "ORGANIZATION TYPE", and "LAST UPDATED". A blue arrow points from the text of step 7 to the first row of the table, "Cahaba + UAB FM Frontier Residency".

| ORGANIZATION NAME | ORGANIZATION TYPE | LAST UPDATED |
|--|------------------------|-----------------------|
| Cahaba + UAB FM Frontier Residency | Residency | 7/18/2025 10:24:16 AM |
| Cahaba FMRP Distetrics Fellowship | Fellowship | 5/8/2022 12:34:16 PM |
| Cahaba + UAB FMR Emergency Medicine Fellowship | Fellowship | 5/25/2023 7:33:10 AM |
| Cahaba FMRP Rural Fellowship | Fellowship | 5/8/2022 12:38:25 PM |
| Cahaba + UAB FM Frontier Residency | International Rotation | 7/18/2025 10:24:16 AM |

[Return to previous page.](#)

8. Edit fields



Edit Residency Information

Please complete the questions below and click "Submit" for your residency program to appear in the AAFP's Directory of Family Medicine Residency Programs. By clicking "Submit" you confirm that (1) you are authorized to submit this information; (2) it is true and correct to your knowledge; and (3) the AAFP may use this information publicly in its Directory of Family Medicine Residency Programs and for related purposes.

1. Please specify the type of socioeconomic environment in which the residency is located. (Check all that apply.)

- Suburban
- Rural
- Urban

Please verify the following information regarding residency program hospitals.

2. Name of primary hospital for family medicine residency admissions:

Loma Linda University Medical Center - East C

3. Total number of beds in the hospital:

134

4. Total number of family practice centers where residents are assigned to see their panel of patients:

1

5. Total number of hospitals for admitting family medicine patients:

1

6. Total number of hospitals for required rotations:

5

7. Please indicate the other residencies (not services) in the hospital which are utilized for required rotations. (Check all that apply.)

- General Surgery
- Obstetrics
- Psychiatry
- Emergency Medicine
- Internal Medicine
- Pediatrics

8. Is the program's family practice center a federally-qualified health center?

- Yes
- No

9. Do residents rotate through a federally-qualified health center?

- Yes
- No

Please give the number of positions for the current academic year. If none, indicate 0.

10. PGY-1 positions offered

9

11. PGY-1 positions filled

9

12. PGY-2 positions offered

9

13. PGY-2 positions filled

9

14. PGY-3 positions offered

9

15. PGY-3 positions filled

9

Please enter the number of females in each academic year. If none, indicate 0.

16. PGY-1 females

6

17. PGY-2 females

4

18. PGY-3 females

3

Please indicate the number of under-represented minorities in each current post-graduate year (PGY). If none, indicate 0. Include as under-represented: African-American, Hispanic, Native-American, Pacific Islander, etc.

19. PGY-1 under-represented minorities

2

20. PGY-2 under-represented minorities

3

21. PGY-3 under-represented minorities

3

Enter the base salary for each PGY level.

22. PGY-1 base salary

74680.00

23. PGY-2 base salary

76481.00

24. PGY-3 base salary

79532.00

Indicate the number of weeks of paid vacation for each PGY level. Do not include sick leave/personal time.

25. PGY-1 weeks of paid vacation/year

4

26. PGY-2 weeks of paid vacation/year

4

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27. PGY3 weeks of paid vacation/year

4

28. Other benefits provided to FM residents by the program. (Check all that apply)

- Sick Leave / Personal Time
- Time off for conferences
- Funding for attending conferences
- Parking
- On-site Child Care
- Meals
- Fitness Center
- Moving Allowance
- Disability Insurance
- Life Insurance
- Health Insurance
- Liability Insurance
- AAFP Membership
- Medical license fee
- DEA license fee

29. Is moonlighting allowed?

- Yes
- No

Indicate the average annual in-hospital night call frequency by post graduate year:

30. PGY-1

- None
- q3d
- q4d
- q5d
- q6d
- q7d-q14d
- q15d-q28d
- > q28d

31. PGY-2

- None
- q2d
- q3d
- q4d
- q5d
- q6d
- q7d-q14d
- q15d-q28d
- > q28d

32. PGY-3

- None
- q3d
- q4d
- q5d
- q6d
- q7d-q14d
- q15d-q28d
- > q28d

33. Night float rotation or coverage? (Check all that apply)

PGY-1

None

PGY-2

Yes

PGY-3

Yes

In addition to in-hospital calls and the night float rotation, the annual average frequency of other necessary trips to the hospital (e.g., when night call is taken at home).

34. PGY-1

- None
- q2d
- q3d
- q4d
- q5d
- q6d
- q7d-q14d
- q15d-q28d
- > q28d

35. PGY-2

- None
- q2d
- q3d
- q4d
- q5d
- q6d
- q7d-q14d
- q15d-q28d
- > q28d

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61. Select top 3 strengths of program. (Select three)

- Academic Medicine
- Addiction medicine
- Adolescent Medicine
- Advanced procedural skills
- Behavioral Medicine
- Care of children
- Clinical Informatics
- Comprehensive Pregnancy Care
- Direct Primary Care
- Geriatrics
- Health Policy and Advocacy
- Health Systems Science/Practice Management
- Health Equity
- HIV Care
- Hospice and Palliative Care
- Hospital/Medicine
- Integrative medicine
- International Medicine/Global Health
- HIV Care
- Leadership
- LGBTQ+
- Lifestyle Medicine/Nutrition/Obesity Medicine
- Low resource/Marginalized Populations
- Medical Communications/Media
- Osteopathic care
- Point of care ultrasound
- Preventative Medicine and/or Occupational Medicine
- Reproductive Care
- Research
- Sports Medicine
- Ultrasound
- Value-based care
- Wellness/Well-being
- Women's Health
- Other

9. Click on Submit 

10. To edit International Rotation listing, select that option on program listing (see step 7 above)

11. Edit fields 

Edit International Rotation Information

Please complete the questions below and click "Submit" for your international rotation to appear in the AAFP's Directory of Family Medicine Residency Programs. By clicking "Submit," you confirm that (1) you are authorized to submit this information, (2) it is true and correct to your knowledge, and (3) the AAFP may use this information publicly in its Directory of Family Medicine Residency Programs and for related purposes.

Loma Linda University Health Education Consortium Program

1. Description of program:

2. Locations of international rotations:

3. Description of field experience:
 One month is spent overseas in a location of the resident's choice in accord with the

4. Description of didactics:

5. Cost to individual resident:

6. Additional cost information:
 Salary and benefits are maintained throughout all global rotations, and some

7. Number of residents who have participated in the last two years:
 1-3

8. Description of faculty involvement:
 Faculty participate in Global Missions

9. Does the program accept medical students for trips:
 Yes
 No

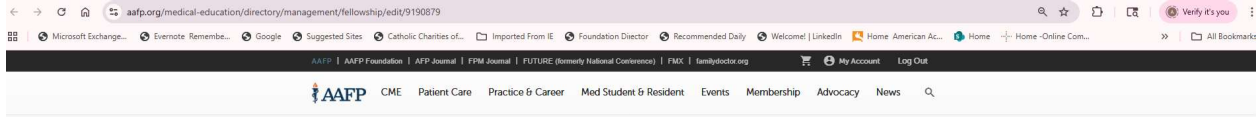
10. Does the program accept residents from outside the program for trips:
 Yes
 No

11. Approximate time of year of trips:
 Varies

12. Duration of trips:

12. Click on Save 

13. To edit Fellowship Directory listing, select that option on program listing (see step 7 above)



14. Edit fields



Edit Fellowship Information

Please complete the questions below and click "Save Questionnaire" for your fellowship to appear in the AAFP's Fellowship Directory. By clicking "Save Questionnaire", you confirm that (1) you are authorized to submit this information; (2) it is true and correct to your knowledge; and (3) the AAFP may use this information publicly in its Fellowship Directory and for related purposes.

1. Type of fellowship

- Addiction Medicine
- Adolescent Medicine
- Clinical Informatics
- Community Medicine
- Diabetes
- Emergency Medicine
- Faculty Development
- Geriatric Medicine
- Health Care Policy
- Hospice / Palliative Care
- Hospital Medicine
- Integrative Medicine
- International
- Other
- Pain Medicine
- Research
- Sleep Medicine
- Sports Medicine
- Surgical OB
- Ultrasound
- Women's Health

2. If you answered Other to the question above, what type of fellowship is offered?

3. Please specify the type of environment in which the residency is located. (Check all that apply)

- Suburban
- Rural
- Urban

4. Fellowship sponsored by Department of Family Medicine:

- Yes
- No

5. Total number of these fellowship positions offered:

6. Total number of these fellowship positions already filled:

7. Duration of the fellowship:

- 3 months
- 6 months
- 9 months
- 12 months
- 18 months
- 24 months
- 30 months
- 36 months

8. Please indicate the salary per year in numeric characters only (do not include the value of benefits). If no salary is offered, enter 0.

9. Other benefits provided: (Check all that apply)

- Sick Leave / Personal Time
- Time off for conferences
- Funding for attending conferences
- Parking
- On-site Child Care
- Meals
- Fitness Center
- Moving Allowance
- Disability Insurance
- Life Insurance
- Health Insurance
- Liability Insurance
- AAFP Membership
- Medical license fee
- DEA license fee

10. If this fellowship program leads to a graduate degree or accreditation, please indicate:

- MPH
- MSPH
- MPA
- MBA
- MEd
- MHA
- Other

11. If you answered Other to the question above, please indicate the degree/accreditation offered.

12. Please indicate the prerequisites for acceptance to this fellowship.

13. Application deadline (mm/dd/yyyy):

14. Please provide a website URL where visitors can find more information about the fellowship (include http:// at the beginning of the URL):

15. Please include a description of the unique or special characteristics of your fellowship. If you want your program to "stand out" this is your opportunity to do so. If you leave the description blank, the space for the narrative for your fellowship will remain blank. (Enter your answer below. Up to 500 words)

15. Click on Save



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