Addiction Medicine Fellowship NOFO - HRSA 20-013
Updated Frequently Asked Questions (FAQs)

(1/17/2020)

Application Submission

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12. **Are consortium applications limited to one fellowship program and a teaching health center?**
13. **Can a Federally Qualified Health Center (FQHC) apply directly for this grant? Or must they partner with the lead applicant?**
14. **Are federally recognized tribes eligible applicants?**

Accreditation

15. **We anticipate initial accreditation in late January; so all our slots will be unfilled, unfunded. Will our very new ACGME fellowship slots be eligible?**
16. **Is our program expected to expand our fellowship slots beyond what is currently approved by our accrediting body?**

17. If applicant organizations want to increase the number of fellowship slots beyond their current accredited capacity, will they have to show that the accrediting body has approved an increase in complement by the time of application submission?
18. We are in the process of applying for accreditation, but we will not have our official accreditation letter until after the NOFO deadline. Can we still apply? Are programs that have an initial accreditation eligible to apply?

Use of Funds

19. What is the difference between AM fellows funded by an institution's GME program and HRSA funded AMF slots?
20. Do all "key personnel" have to be included in the budget? Or can you have key personnel who are not in the budget?
21. If we have multiple fellows and want to train them in rural areas also, can the grant only pay for the HRSA fellows' rural travel?
22. Our fellows are our employees, therefore to participate in the grant application process, we need clarification if the stipend can be used to pay a fellow's salary?
23. The NOFO says on page 6 under Beneficiary Eligibility: "Fellows must be enrolled full or part-time in the sponsoring institution receiving the grant award in order to receive stipend support in HRSA's AMF Program." Can you provide clarification about this? Our Fellows are employees, not students. Therefore, they are not enrolled as full-time or part-time.
24. Is there a required trip to HRSA that we need to account for in the budget? If yes, how much do we allocate per person?
25. For fellow tracks and tracking, can we use, for example, 0.3 FTE of fellows, such that a portion of each fellow can be used for HRSA experiences?
26. Could HRSA funding be used for fellows that have been already recruited and are planning to start July 1st, 2020?
27. What specific expenses can be used for "faculty development"? Can these funds be used to fund PD and associate PD salary, other faculty salary, and/or program coordinator salary? Is there a cutoff on how much FTE it can cover overall or per individual?
28. May grant funds be used for advertising to help with recruitment of additional fellows?
29. If we have one FTE from the VA, it means one person's time at the VA. So would we have completely different programs, or can that stipend be used for the time that slot is spent in HRSA clinic?
30. Educational debt is a primary deterrent for fellows to enroll in AP and AM fellowships. If a fellow only receives $70,000 for salary, based on an academic institution's GME salary scale, can the remaining $30,000 be used to help pay off their educational debt as an incentive to enroll in the fellowship?
31. How does a dollar amount of non-federal funds show Maintenance of Effort? Can you please explain the Maintenance of Effort documentation?
32. Is the HRSA stipend in addition to the GME salary that is already provided for the fellow? May the grant be used to bring existing fellows' salaries to $100,000?

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36. Is the purchase of hardware and software for students, faculty, and participants an allowable cost?
37. Can we provide stipends to fellows that are more than $100,000?
38. Does the grant allow us to include tuition in the budget (in addition to trainee stipends)?
39. Is health insurance for fellows an allowable expense?
40. We are a state university. Would we use our negotiated cost agreement rate or the 8 percent?
41. Is Maintenance of Effort (MOE) required and what is it?

Rotation Placements

42. Not all fellowship requirements can be met solely in rural and underserved areas. We are required by ACGME to expose fellows to a variety of settings and patient populations.

43. What qualifies as an "underserved community clinic"?
44. In regards to Table 1 Attachment 4, we anticipate partnering with multiple training sites. Should we list all of these training sites within Attachment 4, or only select a few sites to highlight?
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46. Does the entirety of the one-year fellowship need to take place in a community-based setting or just one rotation?
47. What is the definition of community-based?

Funding Preference and Priority

48. Regarding funding Priority #3 For Rural, Tribal, or Underserved Communities: Is it acceptable to use 2019 overdose death rates?
49. I understand that a priority is placed on training in primary care settings. Is there a minimal expectation of how much training should occur in primary care settings?

50. The funding preference section of the NOFO states one third of graduating fellows need to work in underserved area. How do we control what fellows do post-training? (i.e. trainees may say they want to work in underserved areas and then change their minds.)
51. In order to meet the funding priority, does a training site need to have both a county Mental Health HPSA and a Primary Care HPSA score of 16 or above?
52. Do we figure funding preferences for total graduates of Addiction Medicine and Addiction Psychiatry, or do we figure per fellowship?

Application Submission

1. **HRSA-20-013 does not seem designed to encourage NEW training programs. Do you anticipate other funding opportunities that will support the opening of new programs?**
   Correct, this funding is to expand already accredited programs. As stated in the NOFO, the purpose of the AMF Program is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship (APF) programs trained as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder (SUD) prevention and treatment services. The AMF Program encompasses both psychiatry and an addiction subspecialty for primary care doctors. All future funding opportunities will be announced on the Grants.gov Forecast.

2. **Where can I access the Addiction Medicine Fellowship (AMF) funding announcement?**
   Access the full funding announcement at Grants.gov. Please make sure you click on the "package" tab. You will see two hyperlinks next to the opportunity, "Preview" and "Apply." Click "Apply," then click "Download Instructions."

3. **Is the technical assistance webinar recorded?**
   Yes. You can access the AMF Technical Assistance webinar recording here. There was a follow up technical assistance call to address the modifications and respond to pertinent questions on Tuesday, January 7, 2020 from 1:30-3:00 pm EST. That second webinar was also recorded. Please check the HRSA website for updates.

4. **Do all attachments count towards the page limit?**
   Standard OMB-approved forms included in the application package, proof of non-profit status are NOT included in the page limit. All other documents will count toward the page limit, unless noted in the Notice of Funding Opportunity (NOFO).

5. **If an attachment is not applicable, should we skip that number in the attachment section or renumber the attachments?**
   Do not include an attachment that is not applicable to your application. However, please do not renumber the attachments. Attachments should be submitted with the same numbers as specified in the NOFO.

6. **When does the AMF funding opportunity close?**
   This funding opportunity closes on Wednesday, February 25, 2020, 11:59 p.m. ET.

7. **Are Letters of Support required for this grant application?**
   As described in the NOFO (page 21), letters of support should be provided as applicable for this grant application. If you are proposing a partnership with an external entity please provide a Letter of Support as Attachment 9.

8. **Are multiple applications allowed? Is it possible for fellowships (Addiction Medicine and Addiction Psychiatry) to submit collaborative applications in partnership?**
   Multiple applications from an institution with the same Data Universal Number System (DUNS) number are not allowed. If an institution has both an addiction medicine and an addiction psychiatry program and share a DUNS number, the applicant can apply as a

collaborative program, as long as eligibility requirements are met and applicants are able to provide appropriate resources to both programs.

9. **Will you accept applications every year or do you plan to award all of them in the first year?**
   For the Fiscal Year (FY) 2020 competition, HRSA will not be accepting additional applications after the closing date of February 25, 2020. Future funding opportunities cannot be determined until after enactment of future FY federal appropriations.

10. **If we are eligible and choose to expand our program (add fellows) through this grant, when would you expect the fellows to start, since it is too late to recruit for the academic year starting in 2020?**
    Fellows can be appointed anytime during a budget period for an entire six or 12-month period. The entire six or 12-month stipend is budgeted to the current year. Thus, a fellowship that begins during the budget period may extend beyond the budget period end date. Since the entire stipend is committed/obligated at the time of the appointment, the stipend amount committed but not yet liquidated at the end of the budget period may be reported as an unliquidated obligation on the annual Federal Financial Report (FFR).

Applicant Eligibility

11. **The requirement for one application per academic institution and one primary contact in that institution has led some institutions with both AP and AM fellowships applying together to default to the grant being housed in the internal medicine department. This is problematic as the second program director may have limited access/control of the grant in this situation. Would it be possible to have two point of contacts (one AP and one AM) and the funds to be split into two departments in this situation? If not, would it be possible to use a subcontract to allow for proper allocation of funds to psychiatry/internal medicine?**
    Yes, the choice to have more than one Program Director/Program Investigator is up to the applicant. However, HRSA only recognizes one Program Director/Program Investigator, who will be accountable to HRSA. Please clearly designate who will fulfill that role.
    Yes, it is possible to use a sub-award or some other form of inter-organizational agreement as the vehicle for grant oversight. However, it remains the HRSA prime recipient's responsibility to monitor all subrecipient's in accordance with 45 CFR part 75.

12. **Are consortium applications limited to one fellowship program and a teaching health center?**
    The consortium is not limited. The requirement is to have at least one teaching health center and a sponsoring institution of Addiction Medicine and/or Addiction Psychiatry fellowship program.

13. **Can a Federally Qualified Health Center (FQHC) apply directly for this grant? Or must they partner with the lead applicant?**
    Yes, a health center can apply directly if the community health center or FQHC is a teaching health center that is a part of a consortium. Per the NOFO (page 5), eligible

applicants include U.S. based sponsoring institutions of accredited addiction medicine or psychiatry fellowship programs, or a consortium consisting of at least one domestic teaching health center and one domestic addiction medicine/psychiatry fellowship program.

14. **Are federally recognized tribes eligible applicants?**
    Yes, as long as they meet the eligibility criteria noted in the NOFO (page 5). Eligible applicants include the following: U.S based sponsoring institutions of accredited addiction medicine or psychiatry fellowship programs, or a consortium consisting of at least one domestic teaching health center and one domestic addiction medicine/psychiatry fellowship program.

Accreditation

15. **We anticipate initial accreditation in late January; so all our slots will be unfilled, unfunded. Will our very new ACGME fellowship slots be eligible?**
    Yes, new ACGME fellowship slots are eligible.

16. **Is our program expected to expand our fellowship slots beyond what is currently approved by our accrediting body?**
    The purpose of the AMF Program is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship (APF) programs trained as addiction medicine specialists. The NOFO aims to achieve this purpose by providing stipends for new fellowship slots. New AMF or APF slots are defined in this NOFO (page 1) as slots that (1) were unfilled, accredited slots, or (2) additional slots that expand beyond the currently approved accredited number of slots.

17. **If applicant organizations want to increase the number of fellowship slots beyond their current accredited capacity, will they have to show that the accrediting body has approved an increase in complement by the time of application submission?**
    No. Applicant organizations do not have to have already received approval for their planned increases in slots by the time of application submission. Applicants are required to submit documentation of their current accreditation at the time of application submission, and applicants are responsible for maintaining current documentation throughout the length of the five-year project period.

18. **We are in the process of applying for accreditation, but we will not have our official accreditation letter until after the NOFO deadline. Can we still apply? Are programs that have an initial accreditation eligible to apply?**
    The applicant organization must provide documentation of its ACGME or ACAAM accreditation at the time of application. The details of required accreditation documentation are described in the NOFO (page 21). Programs may apply if they have received an initial accreditation from ACGME.

Use of Funds

19. **What is the difference between AMF fellows funded by an institution's GME program and HRSA funded AMF slots?**

HRSA's AMF program has a specific authorizing statute which governs the program's purpose, and use of funds. Recipients awarded under AFM must follow the funding requirements under HRSA 20-013.

Whereas funding for traditional GME programs may be use for salaries and fringe benefits for fellows who are considered employees.

Funds from the HRSA AMF program must be used for fellow's stipends, faculty development, travel, salary and fringe for key personnel. The stipend is up to $100,000 per fellow.

**The accreditation requirements for an addiction medicine fellowship are identical regardless of whether the fellow is funded by traditional GME sources or the HRSA AMF program. However, HRSA requires that at least one of the fellow's rotations is in an underserved, community based settings that integrates primary care with mental health and substance use disorder prevention and treatment services.*

20. **Do all "key personnel" have to be included in the budget? Or can you have key personnel who are not in the budget?**
    Yes, all key personnel should be in budget as either supported under the grant or as in-kind. If the Key personnel are in-kind, then you can place $0 in the budget form and denote in-kind in the budget justification.

21. **If we have multiple fellows and want to train them in rural areas also, can the grant only pay for the HRSA fellow's rural travel?**
    Yes, the HRSA funds can be used for other fellows' travel, as long as it supports the program purpose and is in compliance with MOE requirements (i.e. doesn't supplant other federal funds for this purpose. This travel expense would be budgeted under the Administrative and Program Support.

22. **Our fellows are our employees, therefore to participate in the grant application, we need clarification if the stipend can be used to pay a fellow's salary?**
    HRSA understands that some fellows may be classified as employees at the institution; however, the HRSA AMF Program classified payment as a stipend only. How the institution applies the stipend is based on institutional policy and practice.

23. **The NOFO says on page 6 under Beneficiary Eligibility: "Fellows must be enrolled full or part-time in the sponsoring institution receiving the grant award in order to receive stipend support in HRSA's AMF Program." Can you provide clarification about this? Our Fellows are employees, not students. Therefore, they are not enrolled as full-time or part-time.**
    All ACGME or ACAAM accredited programs require enrollment or matriculation in the fellowship program as either full- or part-time. Fellows can complete training full-time in 12 months or up to 24 months part-time. Per the ACGME Program Requirements, "the educational program in addiction medicine must be 12 months in length."

24. **Is there a required trip to HRSA that we need to account for in the budget? If yes, how much do we allocate per person?**
    No, there is no required trip to HRSA.

25. **For fellow tracks and tracking, can we use, for example, 0.3 FTE of fellows, such that a portion of each fellow can be used for HRSA experiences?**
    The HRSA AMF Program allows stipends up to $100,000 per fellow. This stipend amount is intended to only support one full-time fellow, (or pro-rated for part-time). Funding is not intended to support 0.3 FTE of fellows nor to be split amongst fellows.

26. **Could HRSA funding be used for fellows that have been already recruited and are planning to start July 1st, 2020?**
    Yes, as long as the fellow who is funded by the HRSA AMF program performs the required underserved rotation as indicated in Q19. Also see Q.31 and 41.

27. **What specific expenses can be used for "faculty development"? Can these funds be used to fund PD and associate PD salary, other faculty salary, program coordinator salary? Is there a cutoff on how much FTE it can cover overall or per individual?**
    Faculty development and salary costs are two separate items. As presented in the TA webinar, there is a salary limitation. The salary cap of the Level II Federal Executive Pay scale is $192,300. This also applies to sub-recipients. HRSA does not restrict faculty development costs or limits on FTEs as long as the costs are reasonable and are allowable per 45 CFR part 75. A few examples of faculty development activities costs may include attendance/registration for workshops, webinars, and conferences on addiction medicine. As stated in the NOFO, one of the program objectives is to develop or enhance training for faculty from collaborating programs to create an infrastructure of skills and expertise that supports training fellows to provide opioid use disorder (OUD) and other SUD prevention, treatment and recovery services on integrated, interprofessional teams.

28. **May grant funds be used for advertising to help with recruitment of additional fellows?**
    Yes, HRSA funds can be used for recruitment of fellows.

29. **If we have one FTE from the VA, it means one person's time at the VA. So would we have completely different programs, or can the HRSA stipend be used for the VA's fellow's time that slot is spent in the HRSA clinic?**
    There is no change to the ACGME or ACAMM fellowship program requirements. Refer to Q.25 regarding stipends.

30. **Educational debt is a primary deterrent for fellows to enroll in AP and AM fellowship. If a fellow only receives $70,000 for salary based on an academic institution's GME salary scale, can the remaining $30,000 be used to help pay off their educational debt as an incentive to enroll in fellowship?**
    The stipend amount is to be awarded to the fellow. The AMF grant does not set rules for how fellows expend their stipends. Fellows have the latitude to expend the stipend funds as they deem reasonable, with examples including but not limited to costs associated with housing, transportation, health care and professional expenses they may incur, such as medical malpractice insurance. And as noted in the NOFO, 2. Background, in addition, the Program aims to support fellows working in National Health Service Corps (NHSC) sites upon their graduation. The NHSC is committed to strengthening the primary care workforce through the recruitment and retention of high quality primary care providers at NHSC-approved sites. The NHSC Loan Repayment Program (LRP) provides loan repayment assistance to primary health care professionals

in exchange for a commitment to serve in a Health Professional Shortage Area (HPSA). The NHSC plans to provide physicians who have completed a HRSA-funded AMF or APF program with priority status when applying for NHSC LRP awards. Details concerning the priority status for physicians who have completed the AMF Program will be announced in NHSC Application and Program Guidance (APG) beginning the first competitive cycle following the award of the grants or subsequent appropriate APG.

31. **How does a dollar amount of non-federal funds show Maintenance of Effort? Can you please explain the Maintenance of Effort documentation?**
    Providing the dollar amount of non-federal funds in the MOE chart, Attachment 5, demonstrates that this federal assistance grant results in an increased level of AMF program activity, and that award recipients do not simply replace dollars which were being used or had a planned use with federal dollars**.**
    You are required, as a condition of eligibility for this federal funding, to maintain your financial contribution to your AMF program of actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application at not less than your previous fiscal year amount. You must submit this documentation in Attachment 5. This reporting is subject to annual disclosure, HRSA monitoring and/or A-133 audits.

32. **Is the HRSA stipend in addition to the GME salary that is already provided for the fellow? May the grant be used to bring existing fellows' salaries to $100,000?**
    No, the HRSA AMF program has a separate funding source than GME. The HRSA AMF Program allows a stipend that may be up to $100,000, and is intended to only support one fellow. Please note, per HRSA policy, fellows are not considered employees and do not receive salaries, nor fringe benefits through this grant. Per the NOFO, (page 19) stipends are subsistence allowances for fellows to help defray living expenses during the training experience, and are not provided as a condition of employment. Grant recipients may not offset the amount of stipends for tuition, fees, health insurance, or other costs associated with the training program. The AMF grant does not set rules for how Fellows expend their stipends. Fellows have the latitude to expend the stipend funds as they deem reasonable with examples including but not limited to, the cost associated with housing, transportation, health care and professional expenses they may incur such as medical malpractice insurance.

33. **What can be budgeted under the administration and program management portion of the award?**
    Per the NOFO Section IV.1.iv Budget Justification Narrative, under Administration and Program Management, funds can be used for the administration and program management for other recipient activities (e.g., project staff salaries and fringe, faculty development, conferences, travel related expenses, indirect costs and other program support costs). Participant/Trainee Support Costs fall under Administration and Program Management. For application budgets with participant/trainee support costs (other than stipends), list tuition/fees/health insurance, travel, subsistence, other, and the number of fellows. Ensure that your budget breakdown separates these fellows cost and includes a separate sub-total entitled "Participant/Trainee Support Costs". Fifty percent of the total award amount is for stipends only. All other requested participant support costs are budgeted out of administration and program management

34. **Do I have to pay the fellow $100,000?**
    No, per the modified NOFO (page 18), stipends may be **up to** $100,000. Please note that at least 50 percent of the total five-year budget must to be dedicated to stipends.

35. **We have a full time two year fellowship program; one year clinical and one year research. Can we only fund one of the two years per fellow?**
    The AMF NOFO provides funding for one year (12 months for full-time and up to 24 months for part-time fellows) of clinical addiction medicine or addiction psychiatry training.

36. **Is the purchase of hardware and software for students, faculty, and participants an allowable cost?**
    Yes, hardware and software costs are allowable, but must be reasonable and necessary. These costs must be allocated out of the Administrative and Management portion of the requested budget. No more than 50 percent of funding over the 5-year period of award can be used for the administration and management of the program, and may be dedicated to recipient activities other than stipend support.

37. **Can we provide stipends to fellows that are more than $100,000?**
    Award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources, which must be identified in the application.

38. **Does the grant allow us to include tuition in the budget (in addition to trainee stipends)?**
    Applicants may request funding for other Trainee/Participant support costs, including tuition, however, these costs must be allocated out of the Administrative and Program Management portion of the budget.

39. **Is health insurance for fellows an allowable expense?**
    Yes. Per the NOFO, health insurance is allowable as a fellow-related expense; however, the cost must be allocated out of the Administrative and Program Management portion of the budget.

40. **We are a state university. Would we use our negotiated cost agreement rate or the 8 percent?**
    State Institutions of Higher Education are not considered State for the purpose of this calculation and therefore the 8 percent applies.

41. **Is Maintenance of Effort (MOE) required and what is it?**
    Yes, applicants are required to include the MOE form in the application.

    The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to the fiscal year for which the recipient receives the award, as required by PHS Act section 797(b). Complete the MOE information and submit as *Attachment 5.* The underlying principle is to ensure that federal award recipients maintain the same level of support already being provided (and as described in their application) after receipt of a federal grant award. The MOE intent is to ensure federal funds “supplement” rather than “supplant” (replace) normal activities.

Rotation Placements

42. **Not all fellowship requirements can be met solely in rural and underserved areas, is this a HRSA requirement? We are required by ACGME to expose fellows to a variety of settings and patient populations.**
    The HRSA AMF program requires AMF and APF programs to comply with ACAAM and ACGME program structure requirements which includes at least three rotations. Per the NOFO Section IV.1.ii Project Narrative, at least one fellowship rotation needs to be in an underserved, community-based setting.

43. **What exactly qualifies as an "underserved community clinic"?**
    HRSA does not define this in the NOFO. It is up to the applicant to describe their underserved community.

44. **In regards to Table 1 Attachment 4, we anticipate partnering with multiple training sites. Should we list all of these training sites within Attachment 4, or only select a few sites to highlight?**
    The applicant must list all of the partnering sites in Table 1.

45. **Given the page count, do we need to include Letters of Agreement (LOA) for all training sites we will be using or should we pick several to highlight? Is there any specific language the LOA's need to include?**
    LOAs are not a required attachment and should be submitted as applicable. In the past, applicants have formatted more than one LOA onto one page of their application. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO (page 20).

46. **Does the entirety of the one year fellowship need to take place in a community-based setting or just one rotation?**
    At least one fellowship rotation needs to be in an underserved, community-based setting.

47. **What is the definition of community-based?**
    As noted in the Program Specific Definitions of the NOFO, (page 39) a community-based setting is an organization centered in and around a particular community. They are designed to reach people outside of traditional health care settings. This includes, but is not limited to, a teaching health center or a federally qualified health center.

Funding Preference and Priority

48. **Regarding funding Priority #3 For Rural, Tribal, or Underserved Communities: Is it acceptable to use 2019 overdose death rates?**
    Yes, you can use 2019 overdose death rates. Per the NOFO, Section V.2 Review and Selection Process, Funding Priority, please provide the data in terms of population per 100,000.

49. **I understand that a priority is placed on training in primary care settings. Is there a minimal expectation of how much training should occur in primary care settings?**
    The NOFO does not specify a percentage required for training in primary care settings. However, it is the goal of the Addiction Medicine Fellowship Program to foster robust clinical training and augment expertise in addiction medicine for physicians who see patients at various access points of care and provide addiction prevention, treatment,

and recovery services across healthcare sectors. The program seeks to expand the number of addiction medicine fellows and increase the number of Addiction Medicine Specialists serving in underserved, community-based settings.

50. The funding preference section of the NOFO states one third of graduating fellows need to work in an underserved area. How do we control what fellows do post-training? i.e. trainees may say they want to work in underserved areas and then change their mind.

Per the NOFO, Section V.2 Review and Selection Process, Funding Preference, if an applicant wishes to be considered for the Funding Preference under Qualification 1, HIGH RATE, an applicant must demonstrate the percentage of *graduates/program completers* placed in practice settings serving medically underserved communities for Academic Year (AY) 2017-2018 and AY 2018-2019 is greater than or equal to fifty (50) percent of all program completers. This is not an eligibility requirement of the NOFO.

51. In order to meet the funding priority, does a training site need to have both a county Mental Health HPSA and a Primary Care HPSA score of 16 or above?

The AMF Program has three funding priorities, Team-Based Care, Health Information Technology, and Rural, Tribal or Underserved Communities. In order to qualify for the Rural, Tribal or Underserved Communities priority, the training site(s) must be located in a Mental Health or Primary Care HPSA. Applicants must submit data as outlined in the NOFO and is subject to verification. Please note, you will only be awarded a maximum of five (5) priority points total even if you satisfy multiple priority qualifications. For more information see the NOFO (beginning on page 30).

52. Do we figure funding preferences for total graduates of Addiction Medicine and Addiction Psychiatry, or do we figure per fellowship?

An applicant may list individual completers of AMF or APF Programs for a funding preference on one table formatted in Attachment 8.