TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF MEDICINE AT LUBBOCK, TEXAS

CONFIDENTIAL CONFIRMATION AND REFERENCE FORM

First Name: _____ **Last Name: _____**

Department: _____ **Social Security #: _____**

This confidential document is provided to you by the Texas Tech University Health Sciences Center School of Medicine Graduate Medical Education Office as a reference for our former resident/fellow. The contents of this document are provided with the consent of the above named physician and should not be released to any other party without the consent of that physician.

I. CONFIRMATION OF TRAINING: The above mentioned physician successfully completed his/her training at TTUHSC as follows:

First Post Graduate Year Training dates: _____
Remainder of Residency Training dates: _____
Fellowship Training dates: _____

II. COURSE OF TRAINING/CORRECTIVE ACTION: During the dates of training, the above named physician was never subject to any formal probation, disciplinary action, suspension or termination.

III. PERSONAL: To the best of our knowledge, he/she had no signs of drug or alcohol problems during residency training.

IV. PROFESSIONAL LIABILITY: To the best of our knowledge, he/she was not investigated by any governmental or other legal body and was not the defendant in any malpractice suit during residency training.

V. ABILITY TO PRACTICE MEDICINE: At the time of training and to the best of our knowledge, there are no mental or physical conditions that would limit his/her ability to practice.

VI. CLINICAL PRIVILEGES: The education he/she received from our training program was sufficient for the physician's practice of _____. The above named physician was recommended for the certifying examination administered by the _____.

VII. EVALUATION: The following is based on the demonstrated performance of the above named physician during residency training and is compared to the reasonably expected performance of a _____ resident/fellow.

Name: _____ confirmation and reference continued

	SATISFACTORY	UNSATISFACTORY	OTHER (see comments below)
Basic Medical Knowledge			
Professional Judgment			
Sense of Responsibility			
Ethical Conduct			
Competence and Skill			
Ability to Work With Others			
Record Keeping			
Patient Management			
Physician-Patient Relationship			
History/Physical Examination			
Case Presentation			
Relationship with Professional Staff			

During the resident's training at the TTUHSC School of Medicine, the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

Circle Yes No

_____

_____

_____ _____

Program Director or Department Chair **Date**