

Date: Click or tap to enter a date

**Program Director:** PD Name

**Program:** Program Name

**Facility/Institution:** Name of Facility/Institution

**Street Address:** Street Address

**City, State, Zip:** City, State, Zip

**Name of Resident:** Name of Resident

Dear Dr. PD Last Name,

Dr. Name of Resident is being considered for a position as a Resident/Fellow in the Residency Program Name at Texas Tech Health Science Center-Lubbock.

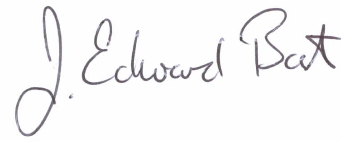
In accordance with the guidelines established by the Accreditation Council for Graduate Medical Education, we are requesting an evaluation of the resident’s competency prior to placement in this facility. Please provide all documents regarding rotation schedule, summative evaluations, in-training scores, and procedure logs (case log summary is sufficient).

Please complete the attached verification and return to me at [LubbockGME@ttuhsc.edu](mailto:LubbockGME@ttuhsc.edu).

Your prompt attention is appreciated.

If more information is required, please email or call (806) 743-2978.

Sincerely,



J.Edward Bates, M.Ed.

Assistant Dean for Graduate Medical Education

and Resident Affairs and Designated Institutional Official

**Texas tech university health sciences center school of medicine**

**Verification of Previous Training and Competency Form**

**RE:** Name of Resident

**Competencies: Satisfactory Unsatisfactory**

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

**Comment on any unsatisfactory assessment (Please attach additional pages if needed):**

Click or tap here to enter text.

**Procedural Skills (Please attach additional pages if needed):**

Click or tap here to enter text.

**Credit Given (include resident’s current PGY Level if in Good Standing):**

|  |  |  |
| --- | --- | --- |
| PGY Level | **Credit Given?** (Y/N) | **Begin/End Date** |
| PGY Level | Y/N | MM/DD/YYYY to MM/DD/YYYY |
| PGY Level | Y/N | MM/DD/YYYY to MM/DD/YYYY |
| PGY Level | Y/N | MM/DD/YYYY to MM/DD/YYYY |
| PGY Level | Y/N | MM/DD/YYYY to MM/DD/YYYY |
| PGY Level | Y/N | MM/DD/YYYY to MM/DD/YYYY |

**Is there anything you wish to add about this candidate’s strengths or weaknesses (Please attach additional pages if needed)?**

Click or tap here to enter text.

Print PD Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Date Signed