Final Summative Evaluation

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program**

Residency Name

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Name, MI, Last Name, Suffix

1. **Verification of Training:**

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ successfully completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name Specialty or Subspecialty Name

residency training at The University of Texas Health Science Center at San

Antonio as follows:

Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates of Internship

Residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates of Residency

See Appendix Item I*. [Optional statement of any deviation from standard training*

*sequence.]*

**II. Disciplinary Action:**

During the dates of training at this institution, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was not

 Last Name

subject to any institutional disciplinary action.

See Appendix Item II. *[Description of disciplinary actions. This would not*

*normally include corrective actions instituted for educational reasons which have*

*been successfully remediated.]*

**III. Professional Liability:**

To the best of my knowledge, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was not investigated by

 Last Name

any governmental or other legal body and was not the defendant in any

malpractice suit during residency training.

See Appendix Item III. *[Description of investigations and malpractice suits]*

IV. Ability to Practice Medicine:

To the best of my knowledge, no conditions exist that would impair

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'s ability to practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Last Name Specialty or Subspecialty Name

Final Summative Evaluation

See Appendix Item IV. *[If necessary, explanations will usually deal with*

*conditions covered by the ADA. Consult legal counsel about how to complete in a*

*manner which complies with the ADA.]*

**V. Procedural Competence:**

The education Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ received from our training program

 Last Name

was sufficient for the practice of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specialty or Subspecialty Last Name

was recommended for the certifying examination administered by the American

Board of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Specialty or Subspecialty

At the conclusion of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name Specialty or Subspecialty

residency training, he/she was judged capable of performing the following

procedures independently and competently, without direct supervision.

See Appendix Item V. *[List of procedures that can be performed independently*

*and competently, without supervision.]*

**VI. Recommendation:**

Based on a summative, competency-based evaluation by The University of

Texas Health Science Center at San Antonio Department of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is recommended this

Residency Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as having demonstrated sufficient

Month, Day, Year of Completion

competence to enter practice without direct supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Director/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name