

Final Summative Evaluation

_____ **Program**
Residency Name

NAME: _____
First Name, MI, Last Name, Suffix

I. 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

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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