**Final Summative Evaluation - Transfer**

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

Residency Name

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

First Name, MI, Last Name, Suffix

1. **Verification of Training:**

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resigned from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name Specialty or Subspecialty Name

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

Antonio effective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance dates were as follows:

Effective date of resignation

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

Dates of Internship

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

Dates of Residency

*Dr. XXX has requested to transfer residency training programs to XXX. Dr. XXX, the Program Director at XXX has accepted the transfer. This is his summative competency-based evaluation.*

**II. Disciplinary Action:**

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

Last Name

subject to any institutional disciplinary action.

*[Description of actions such as Probation. During their time in the fellowship/residency, Dr. XXX failed to demonstrate progress in competency standards, including [List]. To address these deficits, Dr. XXX was offered a structured learning program under academic probation. Dr. XXX successfully/unsuccessfully (chose one) met the expectations of the probationary period and was/was not (chose one) returned to satisfactory training status. Dr. XXX was informed this adverse academic action will be reported to the Texas Medical Board and on future verification of training request.]*

**III. Professional Liability:**

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

Last Name

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

malpractice suit during residency training.

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

**IV. Clinical and Procedural Competence:**

Please see the attached document which outlines the training experiences Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ received while at our training program. [Attachment may

Last Name

Include completed list of rotations, operative/procedural experience, and evaluations of various experiences.]

Prior to transferring, he/she was meeting the competency standards for their level of training in Professionalism, Practice-Based Learning and Improvement, Patient Care and, Procedural Skills, Systems-Based Practice, Medical Knowledge, Interpersonal and Communication Skills and has been judged capable of performing the following procedures independently and competently, without direct supervision.

[List of procedures, if any, that can be performed independently and competently, without direct supervision]

**V. Recommendation:**

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ has successfully completed \_\_\_\_\_ years and \_\_\_\_\_ months of

Last Name

training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and accepted for transfer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty or Subspecialty Name Name of Accepting Program

while in good academic status, meeting all six ACGME competency standards for his/her level of training.

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

Name of Program Director/Title

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

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

Full Name