



1. By the completion date, this resident will still need the following experiences to satisfy General Psychiatry Board Eligibility Requirements:

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2. This resident is in good standing at our institution. Yes or No\*\*

3. Disciplinary actions or remediation efforts are currently pending. Yes\*\* or No

4. This resident left our program on \_\_\_\_\_ (mo/day/yr).

Reason: \_\_\_\_\_

5. He/She has successfully completed the following Interviewing Clinical Skills Verification (CSV) Evaluations:

1. Date \_\_\_\_\_ 2. Date \_\_\_\_\_ 3. Date \_\_\_\_\_

### CORE COMPETENCIES

Satisfactory performance has been achieved at all levels of training in the Core Competencies:

Patient Care	_____ Yes	_____ No**
Medical Knowledge	_____ Yes	_____ No**
Interpersonal Skills and Communication	_____ Yes	_____ No**
Professionalism	_____ Yes	_____ No**
Systems Based Practice	_____ Yes	_____ No**
Practice Based Learning & Improvement	_____ Yes	_____ No**

Signature of Training Director: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please explain any \*\* responses below. Thank you.**