

CHILD & ADOLESCENT PSYCHIATRY RESIDENCY TRAINING PROGRAM

TRAINING DOCUMENTATION FORM

TO: Elisabeth Guthrie, M.D., Training Director  
NYPH Child and Adolescent Psychiatry Residency Training Program (I.D. 4053521182)  
1051 Riverside Drive, Unit 78, New York, NY 10032-2626

FROM: \_\_\_\_\_  
Training Director

\_\_\_\_\_  
Program/Institution

RE: \_\_\_\_\_  
Applicant

This is to verify that Dr. \_\_\_\_\_ entered our program as a PGY-\_\_\_\_\_ on \_\_\_\_\_, By July 1, 2013, he/she will be a PGY-\_\_\_\_\_ and will have satisfactorily completed the following training:

*month/day/year*

following training:

- \_\_\_\_\_ FTE months of primary care: internal medicine, pediatrics, family practice (4 months minimum).
- \_\_\_\_\_ FTE months of neurology (2 months minimum. One month may be child neurology).
- \_\_\_\_\_ FTE months of adult inpatient psychiatry (6 months minimum, 16 months maximum).
- \_\_\_\_\_ FTE months of continuous adult outpatient psychiatry (12 months minimum).
- \_\_\_\_\_ FTE months of child and adolescent psychiatry (2 months minimum. Not required if resident is completing training in child and adolescent psychiatry).
- \_\_\_\_\_ FTE months of consultation/liaison psychiatry (2 months minimum. 1 month may be in child consultation/liaison psychiatry).
- \_\_\_\_\_ FTE months of geriatric psychiatry (1 month minimum).
- \_\_\_\_\_ FTE months of addiction psychiatry (1 month minimum).
- \_\_\_\_\_ FTE months of elective rotations.

By June 30, 2013 he/she will also have completed the following Interviewing Clinical Skills Verification (CSV) Evaluations:

- No. 1 DATE COMPLETED \_\_\_\_\_ BY ABPN CERTIFIED EVALUATOR \_\_\_\_\_
- No. 2 DATE COMPLETED \_\_\_\_\_ BY ABPN CERTIFIED EVALUATOR \_\_\_\_\_
- No. 3 DATE COMPLETED \_\_\_\_\_ BY ABPN CERTIFIED EVALUATOR \_\_\_\_\_

By June 30, 2013 he/she will also have experience in (please check):

- community psychiatry       forensic psychiatry       emergency psychiatry

*Community psychiatry experience and forensic psychiatry experience may be completed during child and adolescent psychiatry training.*

The following general psychiatry requirements have not been met/will not be completed by June 30, 2013:

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

Signature of Training Director or Chairman

Date

Please clearly print name and title of signee