

CHILD & ADOLESCENT PSYCHIATRY RESIDENCY TRAINING PROGRAM

TRAINING DOCUMENTATION FORM

TO: Rebecca Rendleman, M.D., Training Director
NYPH Child and Adolescent Psychiatry Residency Training Program (I.D. 4053521182)
525 East 68th Street, Box 140, New York, NY 10065

FROM: _____
Training Director

Program/Institution

RE: _____
Applicant

This is to verify that Dr. _____ entered our program as a PGY-_____ on _____, By July 1, 2015, 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, 2015 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.

By June 30, 2015 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 _____

The following general psychiatry requirements have not been met/will not be completed by June 30, 2015:

Signature of Training Director or Chairman

Date

Please clearly print name and title of signee