

SAMPLE NEUROLOGY LETTER

<On letterhead>

<date>

Program ID: _____

Larry R. Faulkner, M.D.
Executive Vice President
American Board of Psychiatry and Neurology
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089

Re: <Name of resident>

Dear Dr. Faulkner:

This is to verify that Dr. <Name> entered our neurology residency program as a PGY-<year> on <month/day/year>. S/he <has/will satisfactorily> complete(d) the following training:

_____ Clinical adult neurology (at least 18 months total, 6 months outpatient, including ½ day/week continuity clinic, and minimum 6 months inpatient)

_____ Child neurology (3 months minimum)

_____ Elective time (3 months minimum)

_____ Psychiatry (1 month minimum)

<u>Clinical Skills Evaluations</u>	<u>Evaluator Names (3 req'd)</u>	<u>Date Completed:</u>
<input type="checkbox"/> Child Neurology	_____	_____
<input type="checkbox"/> Critical Care	_____	_____
<input type="checkbox"/> Neuromuscular	_____	_____
<input type="checkbox"/> Episodic (headache, seizure)	_____	_____
<input type="checkbox"/> Neurodegenerative (movement/inflammatory)	_____	_____

Dr. <Name> has demonstrated sufficient professional ability to practice competently and independently. There is no evidence of unethical behavior, unprofessional behavior, or clinical incompetence.

Dr. <Name> <left/successfully completed/will complete> the program on <month/day/year>.

Sincerely

<Name, MD>
Neurology Residency Director