

# 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> has successfully completed Neurology Residency Training on <month/day/year>. Dr. <Name> entered the Neurology Residency Program at <Institution Name> on <month/day/year> as a PGY-<year>. S/he has satisfactorily completed the ACGME program requirements for Graduate Medical Education in Neurology of 48 months of training. Within the training were 36 months of neurology education that included or exceeded 6 months of inpatient experience in adult neurology, 6 months of outpatient experience in adult neurology, 3 months of child neurology, 3 months of elective time, 1 month of clinical psychiatry, and ½ day/week of longitudinal / continuity clinic.

There is no evidence of unethical or unprofessional behavior. The faculty has rated Dr. <Name>'s performance during their final period of education (PGY-4) as <satisfactory/exemplary>.

Dr. <Name> has satisfactorily demonstrated competence in the evaluation of the five patient types as required by the American Board of Psychiatry and Neurology (ABPN). The ABPN Clinical Skills Examinations were administered by a minimum of three APBN-certified neurologists/child neurologists during the residency as detailed below:

<u>Clinical Skills Evaluations</u>	<u>Evaluator Names</u>	<u>Date Completed:</u>
Child Neurology	_____	_____
Critical Care	_____	_____
Neuromuscular	_____	_____
Ambulatory	_____	_____
Neurodegenerative	_____	_____

Thus, the Chair and Faculty of Neurology at <Institution Name> endorse Dr. <Name> as having demonstrated sufficient competence to enter the practice of Neurology without direct supervision.

Sincerely,

<Name, MD>  
Program Director, Neurology Residency

The ABPN recommends that training programs keep specific records of rotations, dates attended (mm/dd/yyyy to mm/dd/yyyy), and clinical skills evaluations for each resident as listed in this sample letter. Revised October 5, 2008.