

**Letter Attesting to General Psychiatry Board Eligibility  
To be completed by Training Director**

General Psychiatry Training Director: \_\_\_\_\_

General Psychiatry Training Program: \_\_\_\_\_

Resident Applicant \_\_\_\_\_

This is to verify that Dr. \_\_\_\_\_ entered our program as a PGY- \_\_\_\_\_ on \_\_\_\_\_ (mo/day/yr). Dr. \_\_\_\_\_ will have completed satisfactorily the following training:

Please enter the months completed by the date the applicant will enter child and adolescent psychiatry residency.

\_\_\_\_ months of primary care ( medicine, pediatrics, family practice – 4 months)

\_\_\_\_ months of neurology ( 2 months minimum)

\_\_\_\_ months of adult inpatient psychiatry (9 months minimum)

\_\_\_\_ months of continuous adult outpatient psychiatry (12 months FTE minimum)

\_\_\_\_ months of consultation –liaison (2 months minimum)

\_\_\_\_ months of child/adolescent psychiatry

\_\_\_\_ months of geriatric psychiatry (1 month minimum)

\_\_\_\_ months of addiction psychiatry (1 month minimum)

Dr. \_\_\_\_\_ has had experience in (please check)

\_\_\_\_ community psychiatry

\_\_\_\_ emergency psychiatry

\_\_\_\_ forensic psychiatry

\_\_\_\_ addiction psychiatry

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

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

1. This resident must complete the following psychiatry training to satisfy adult program requirements:

\_\_\_\_\_

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

Explain if yes: \_\_\_\_\_

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

Please return to: Tami D. Benton, MD, Director of Education, Department of Child and Adolescent Psychiatry, CHOP Behavioral Health Center, 3440 Market Street, Suite 200, Philadelphia, PA 19104