

TRAINING DOCUMENTATION FORM
(To be completed by the current Program Director)

TO: **Child and Adolescent Psychiatry Training Program**

FROM: _____
 Training Director (please print)

RE: _____
 Applicant

This is to verify that Dr. _____ entered our program as a PGY _____ on _____. By (date) _____ he/she will have satisfactorily completed the 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 FTE months)
- _____ FTE months of adult outpatient psychiatry (12 FTE months, of which a minimum of 20% must be continuous experience)
- _____ FTE months of child and adolescent psychiatry (not required if resident will be completing training in child and adolescent psychiatry)
- _____ FTE months of consultation/liaison psychiatry (2 months minimum; 1 month may be child C-L)
- _____ FTE months geriatric psychiatry (1 month minimum, in- or outpatient)
- _____ FTE months addiction psychiatry (1 month minimum, in- or outpatient)
- _____ Psychotherapy competencies.

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

1. Date: _____ 2. Date: _____ 3. Date: _____

He/She had/will have experience by (date) _____ in (please check all that apply):

- community psychiatry forensic psychiatry emergency psychiatry ECT

The following general psychiatry requirements will not be completed by (date): _____

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(All affirmative answers must be fully explained)

1. Has this resident every been subject to disciplinary action including but not limited to, probation, remediation, admonition, reprimand, suspension, or otherwise required an alteration in their training experience? Yes No

2. Have you ever observed or been informed of any physical or mental health problems including but not limited to drug and/or alcohol abuse, which has or could potentially impair the applicant's ability to exercise all or any of his/her duties? Yes No

Signature of Training Director or Chairman

Date