

Final Summative Evaluation

_____ **Program**
Residency Name

NAME: _____
First Name, MI, Last Name, Suffix

I. Verification of Training:

Dr. _____ successfully completed _____
Last Name Specialty or Subspecialty Name
residency training at The University of Texas Health Science Center at San
Antonio as follows:

Internship: _____
Dates of Internship

Residency: _____
Dates of Residency

See Appendix Item I. *[Optional statement of any deviation from standard training sequence.]*

II. Disciplinary Action:

During the dates of training at this institution, Dr. _____ was not
Last Name
subject to any institutional disciplinary action.

See Appendix Item II. *[Description of disciplinary actions. This would **not** normally include corrective actions instituted for educational reasons which have been successfully remediated.]*

III. Professional Liability:

To the best of my knowledge, Dr. _____ was not investigated by
Last Name
any governmental or other legal body and was not the defendant in any
malpractice suit during residency training.

See Appendix Item III. *[Description of investigations and malpractice suits]*

IV. Ability to Practice Medicine:

To the best of my knowledge, no conditions exist that would impair
Dr. _____'s ability to practice _____.
Last Name Specialty or Subspecialty Name

Final Summative Evaluation

See Appendix Item IV. *[If necessary, explanations will usually deal with conditions covered by the ADA. Consult legal counsel about how to complete in a manner which complies with the ADA.]*

V. Procedural Competence:

The education Dr. _____ received from our training program was sufficient for the practice of _____. Dr. _____ was recommended for the certifying examination administered by the American Board of _____.

At the conclusion of Dr. _____'s _____ residency training, he/she was judged capable of performing the following procedures independently and competently, without direct supervision.

See Appendix Item V. *[List of procedures that can be performed independently and competently, without supervision.]*

VI. Recommendation:

Based on a summative, competency-based evaluation by The University of Texas Health Science Center at San Antonio Department of _____, Dr. _____ is recommended this _____ as being qualified to practice competently and independently in this specialty without direct supervision.

Name of Program Director/Title

SIGNATURE OF Dr. _____