Dear Dr. _____:

Dr. *(candidate)* has applied for a *(PGY)* position in our *(specialty)* residency program, starting *(date).*

In accordance with the ACGME's requirements to verify previous educational experience and a summative competency-based performance evaluation on all transferring residents, I would appreciate your assessment of this candidate:
_____

For the period *(AY dates)*, *(candidate)*, MD demonstrated to my satisfaction attainment of program objectives for the Residency Program level of *(PG year)* in the competency domains of:

COMPETENCY	YES	NO	IF "NO," EXPLAIN
Patient Care			
Medical Knowledge			
Professionalism			
Interpersonal/Commun.Skill			
Practice-based Learning			
Systems-based Practice			

Did this resident demonstrate sufficient competence on all evaluations to receive credit for all required rotations and other major educational activities? _____YES   _____NO

(If, "no", please provide explanation.)

Please attach a record of:

_____Rotations completed, by year of training

_____Summary of procedural/operative experience

(Add any other information pertinent to the specialty.)

If you wish to discuss any information in this letter, please call me at *(author's phone number),* Thank you.

Sincerely,

(receiving program director's name, title)