

**SAMPLE FINAL LETTER CONFIRMING COMPLETION OF TRAINING FOR
NEUROLOGY RESIDENTS BEGINNING TRAINING ON OR AFTER JULY 1,
2005**

<On letterhead>

<date>

Program ID: _____

Larry R. Faulkner, M.D.
President & CEO
American Board of Psychiatry and Neurology
2150 East Lake Cook Road, Suite 900
Buffalo Grove, IL 60089

Re: <Name of resident>

Dear Dr. Faulkner:

This letter will confirm that <Dr. Name> has successfully completed his/her training in neurology at <name of program>. S/he entered our program on <m/d/y> and successfully completed all training, including the five required clinical skills evaluations, on <m/d/y>.

<u>Clinical Skills Evaluations</u>	<u>Date Completed:</u>	ABPN Certified Evaluator:
<input type="checkbox"/> Child Neurology	_____	_____
<input type="checkbox"/> Critical Care	_____	_____
<input type="checkbox"/> Neuromuscular	_____	_____
<input type="checkbox"/> Ambulatory (headache, seizure)	_____	_____
<input type="checkbox"/> Neurodegenerative (movement, inflammatory)	_____	_____

Dr. <Name> has demonstrated sufficient professional ability to practice competently and independently. There is no evidence of unethical behavior, unprofessional behavior, or clinical incompetence. Dr. <Name> successfully completed the program on <month/day/year>.

Sincerely,

<Name, MD, DO>
Program Director