

**FINAL LETTER CONFIRMING COMPLETION  
OF PSYCHIATRY TRAINING (PGY-4) FOR RESIDENTS WHO  
BEGAN TRAINING ON OR AFTER JULY 1, 2008 (PGY-2)**  
<On letterhead>

<date>

Program ID: \_\_\_\_\_

Larry R. Faulkner, M.D.  
President and 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 psychiatry at <name of program>. S/he entered our program on <m/d/y> and successfully completed all training including three clinical skills evaluations>.

<u>Clinical Skills Evaluations</u>	<u>Date Completed:</u>	ABPN Certified Evaluator:
<input type="checkbox"/> Evaluation One	_____	_____
<input type="checkbox"/> Evaluation Two	_____	_____
<input type="checkbox"/> Evaluation Three	_____	_____

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