

SAMPLE CHILD/ADOLESCENT PSYCHIATRY LETTER

<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 is to verify that Dr. <Name> entered our child and adolescent psychiatry program as a PGY-<year> on <month/day/year>. S/he has satisfactorily completed the following training:

_____ FTE months of child and adolescent inpatient psychiatry (4 months minimum, 10 months maximum)

_____ outpatient work with some child and adolescent patients of at least one year.

S/he has also had experience in:

_____ pediatric neurology
_____ forensic psychiatry

_____ consultation/liaison psychiatry
_____ emergency psychiatry

<u>Clinical Skills</u>	<u>Date Completed:</u>	<u>ABPN Certified</u>
<u>Evaluation</u>		<u>Evaluator:</u>
<input type="checkbox"/> Number 1	_____	_____
<input type="checkbox"/> Number 2	_____	_____
<input type="checkbox"/> Number 3	_____	_____

Dr. <Name> left the program/successfully completed/will complete the program on month/day/year.

Sincerely,

<Name, MD>
Child/Adolescent Psychiatry Fellowship Director