Sample Child Neurology Letter
<on letterhead>

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 neurology residency program as a PGY-<year> on <month/day/year>.  S/he <has/will satisfactorily> complete(d) the following training:

_____ FTE months of clinical child neurology (12 months minimum)

_____ FTE months of clinical adult neurology (12 months minimum)

_____ FTE months of outpatient clinical child neurology (4 months minimum included in 12 months above.  Must also include a longitudinal/continuity clinic ½ day weekly throughout the program)

_____ FTE months of management of children and adolescents with psychiatric disorders under the supervision of a qualified child and adolescent psychiatrist (1 month minimum)

_____ FTE months of training in the basic and related sciences (2 months minimum)

_____ FTE months of electives (3 months minimum)

Clinical Skills Evaluations Date Completed: ABPN Certified Evaluator:

☐ Adult Neurology
☐ Critical Care
☐ Neuromuscular
☐ Ambulatory (headache, seizure)
☐ 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> <left/successfully completed/will complete> the program on <month/day/year>.

Sincerely,

<Name, MD>
Child Neurology Residency Director