

AMERICAN BOARD OF OPHTHALMOLOGY

VERIFICATION AND EVALUATION OF TRAINING FORM FOR:

«Applicant»

This form is provided to Department Chairs and Residency Program Directors for their verification of post-graduate training listed by the Board applicant and for evaluation of whether the applicant has satisfactorily completed the entire residency training program in ophthalmology of at least 36 months' duration. The Board is grateful for your completion of the form and appreciates your returning it as soon as possible, but no later than **DATE**. Forms received after this date may result in disqualification of the applicant.

I. VERIFICATION OF FIRST POST-GRADUATE YEAR OF CLINICAL TRAINING (PGY-1)

ABO rules require that a candidate must have completed a post-graduate clinical year (PGY-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada by the Royal College of Physicians and Surgeons. The PGY-1 must comprise training in which the physician has primary responsibility for patient care in a field such as internal medicine, neurology, pediatrics, surgery, family medicine, or emergency medicine. As a minimum, six months of this year must consist of a broad experience in direct patient care. **The ABO requires that the Department Chair ascertain that an individual has completed an accredited PGY-1 in the United States or in Canada prior to the start of the ophthalmology residency.**

The applicant indicates that PGY-1 training was taken at:

«PGY1-Program»

Is the statement in accordance with your records? Yes ___ No ___

Was the training in an accredited program in the U.S. or Canada? Yes ___ No ___

Was the content of this training in conformity with ABO regulations as stated above? Yes ___ No ___

If there are discrepancies between the application and your records, please describe them below.

**II. VERIFICATION OF RESIDENCY TRAINING IN OPHTHALMOLOGY
 (PGY-2 THROUGH 4 OR BEYOND)**

PLEASE NOTE: When a resident's graduate education and clinical experience have been gained in more than one residency program, each program is required to evaluate transferring residents and submit an interim evaluation to the second residency program. It is the responsibility of the second program to obtain the completed form from the first program and retain it for inclusion with this Satisfactory Completion document. The second program must evaluate all ACGME core competencies, taking into account any deficiencies noted in the Interim Evaluation by the preceding program(s). The ACGME also must be notified of the change by both programs.

The applicant indicates that this training was taken as follows:

«**PGY2-Program**»

«**PGY3-Program**»

«**PGY4-Program**»

«**PGY5-Program**»

Is the applicant's recording of training at your institution in accordance with the training listed above? Yes ____ No ____

If there are discrepancies between the applicant's statement and your records, please describe them. (Use an additional sheet if needed.)

III. VERIFICATION OF CORE COMPETENCIES

Please indicate **Satisfactory** or **Unsatisfactory** on the following criteria. The ABO requires that a **Satisfactory** rating be given for each competency in order for a candidate to take the Board examinations.

	Satisfactory	Unsatisfactory
1. Medical Knowledge - Understanding and application of established and evolving biomedical, clinical and cognitive sciences; critical evaluation of new information.		
2. Patient Care - Diagnosis and management of medical and surgical eye disease; utilization of information technology; documentation in medical records.		
3. Interpersonal and Communication Skills - Interaction with patients, colleagues, referring physicians and other professionals; patient and family counseling; appreciation of socio-economic circumstances.		
4. Practice-based Learning and Improvement - Self-assessment of patient care; application of scientific evidence to improve patient care; participation in self-improvement programs.		

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5. Systems-based Practice - Awareness of larger healthcare systems, utilization of system for optimum patient care and patient advocacy.		
6. Professionalism - Commitment to professional responsibilities; respect for physician-patient and physician-physician relationships; ethical behavior.		

IV. VERIFICATION OF SURGICAL COMPETENCE

Please indicate **Satisfactory** or **Unsatisfactory** on the following criteria. The ABO requires that a **Satisfactory** rating be given for surgical competence in order for a candidate to take the Board examinations.

	Satisfactory	Unsatisfactory
1. Technical and Procedural Skills - Appropriate selection of surgical cases; obtaining informed consent; handling tissue; suturing techniques; use of instrumentation; recognition/appropriate management of intra-operative complications; post-operative care.		

V. ATTESTATION OF AMERICAN BOARD OF OPHTHALMOLOGY EXAMINATION INTEGRITY

Are you aware of any use of or sharing of ABO examination material (written qualifying examination and/or oral examination) by this resident or by any resident(s) in your training program?

Yes ___ No ___

If yes, please describe. (Use an additional sheet if needed.)

Date: _____

«**Chair**»

NAME OF DEPARTMENT CHAIR

SIGNATURE OF DEPARTMENT CHAIR

Director

NAME OF RESIDENCY PROGRAM DIRECTOR

SIGNATURE OF RESIDENCY PROGRAM DIRECTOR

This evaluation has been reviewed with the resident. (*Required only if resident has one or more unsatisfactory ratings.)

 *SIGNATURE OF RESIDENT

 DATE

If this individual has attended more than one residency, please submit the Interim Evaluation form.

Send Verification Form to the ABO Office:

- Upload on the ABO's Residency Tracking website: <http://www.abop.org/residency>.