NewYork-Presbyterian
The University Hospital of Columbia and Cornell

CHILD & ADOLESCENT PSYCHIATRY RESIDENCY TRAINING PROGRAM

TRAINING DOCUMENTATION FORM

TO: Elisabeth Guthrie, M.D., Training Director
NYPH Child and Adolescent Psychiatry Residency Training Program (I.D. 4053521182)
1051 Riverside Drive, Unit 78, New York, NY 10032-2626

FROM:_____
Training Director

_____
Program/Institution

RE: _____
Applicant

This is to verify that Dr._____ entered our program as a PGY-_____ on _____. By July 1, 2012, he/she will be a PGY-_____ and will have satisfactorily completed the following training:
month/day/year

_____ FTE months of primary care: internal medicine, pediatrics, family practice (4 months minimum).

_____ FTE months of neurology (2 months minimum. One month may be child neurology).

_____ FTE months of adult inpatient psychiatry (6 months minimum).

_____ FTE months of adult outpatient psychiatry (12 months minimum, of which a minimum of 20% must be continuous experience).

_____ FTE months of consultation/liaison psychiatry (2 months minimum. One month may be in child consultation/liaison psychiatry).

_____ FTE months of geriatric psychiatry (1 month minimum).

_____ FTE months of addiction psychiatry (1 month minimum).

_____ FTE months of elective rotations.

_____ FTE months of child and adolescent psychiatry* (2 months minimum. * Not required if resident is completing training in child and adolescent psychiatry).

_____ Psychotherapy competencies

By June 30, 2012 he/she will also have completed the following Interviewing Clinical Skills Verification (CSV) Evaluations:

☐ No. 1 *DATE COMPLETED* _____ ☐ No. 2 *DATE COMPLETED* _____ ☐ No. 3 *DATE COMPLETED* _____

By June 30, 2012 he/she will also have experience in (please check):

☐ community psychiatry ☐ forensic psychiatry ☐ emergency psychiatry ☐ ECT

Community psychiatry experience and forensic psychiatry experience may be completed during child and adolescent psychiatry training.

The following general psychiatry requirements have not been met/will not be completed by June 30, 2012:

_____

_____

_____ _____ _____
Signature of Training Director or Chairman Date Please clearly print name and title of signee