

Brigham and Women's Hospital
BWH/MGH Joint Nephrology Fellowship Program
Confidential Verification and Reference for:

Name: «First_Name» «Last_Name», MD

Social Security Number: «SS»

This confidential document relating to a former resident is provided by **Brigham and Women's Hospital, Department of Medicine, Renal Division Nephrology Fellowship program**. This document has been submitted in response to a request for verification of internal medicine residency training and reference information in lieu of other forms. The original notarized signature of the current program director will verify its authenticity. The contents of this document are provided with the permission of the above named physician and should not be released to any other party without the consent of that physician.

I. Verification of Training:

Dr. «Name» successfully completed a fellowship in nephrology training at **Brigham and Women's Hospital** as follows:

Clinical Year:	«Fellowship_Dates»
Research Years:	«Research_Dates»

🍏 See Appendix Item I. *[optional statement of any deviation from standard training sequence]*

II. Disciplinary Action:

🍏 During the dates of training at this institution, Dr. «Last_Name» was not subject to any institutional disciplinary action.

🍏 See Appendix Item II. *[Description of disciplinary action. This would not normally include corrective actions instituted for educational reasons which have been successfully remediated.]*

III. Professional Liability:

🍏 To the best of our knowledge, Dr. «Last_Name» was not investigated by any governmental or other legal body and was not the defendant in any malpractice suit during residency training.

🍏 See Appendix Item III. *[Description of investigations and malpractice suits.]*

IV. Ability to Practice Medicine:

- 🍏 To the best of our knowledge, no conditions exist that would impair Dr. «Last_Name»’s ability to practice internal medicine/nephrology.
- 🍏 See Appendix Item IV. *[If this item is checked, explanations will usually deal with conditions covered by the American with Disabilities Act (ADA). Consult legal counsel about how to complete in a manner which complies with the ADA.]*

V. Clinical Privileges/Procedures Requested:

- 🍏 The education of Dr. «Last_Name» received from the training program was sufficient for the practice of nephrology. Dr. «Last_Name» was recommended for the certifying examination administered by the American Board of Internal Medicine.
- 🍏 At the conclusion of Dr. «Last_Name»’s nephrology fellowship training, he or she was judged capable of performing the following procedures independently:
 - 🍏 Hemodialysis prescription
 - 🍏 Continuous Renal Replacement Therapy prescription
 - 🍏 Peritoneal Dialysis prescription
 - 🍏 Placement of dialysis catheter
 - 🍏 Percutaneous native kidney biopsy
 - 🍏 Transplant kidney biopsy
 - 🍏 Other _____
- 🍏 The program is unable to comment on requested clinical privileges/procedures outside the scope of a nephrology fellowship training program

VI. Evaluation: The following is derived from a composite of multiple evaluations by supervisors in this resident’s rotations during his or her residency training. The evaluation is based upon the Accreditation Council for Graduate Medical Education (ACGME) General Competencies, which define the essential components of clinical competence. In cases where the definition of the competency could be unclear, the ACGME definition is given after the table.

	Unsatisfactory	Satisfactory	Excellent	Superior	No Knowledge
Medical Knowledge					
Patient Care					
Interviewing					
Physical Examination					
Procedures					
Professionalism					
Communication and Interpersonal Skills					
Practice Based Learning And Improvement**					
Systems Based Practice***					

** Fellows receiving a satisfactory evaluation in Practice Based Learning perform satisfactory investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

*** Fellows receiving a satisfactory evaluation in Systems Based Practice demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is optimal value.

VII. Comments:

VII. **Recommendation:**

Based on the composite evaluation by the Faculty and Promotions Committee of Brigham and Women's Hospital, Department of Medicine, it is the judgment of the faculty that Dr. «Name» has successfully fulfilled all of the requirements set forth by the ACGME and the American Board of Internal Medicine (ABIM) for the independent practice of Nephrology, and is recommended to by this 30th day of June 2006. This statement of competency does not pertain to future performance based on subsequent training.

Joseph V. Bonventre, MD, PhD
Program Director, Nephrology Fellowship

IX. ❏ I have reviewed this evaluation with the program director or designee. I understand that this form will, in most cases, be utilized as the confidential verification and reference form in lieu of other forms when requests for verification of resident training or reference are received by the Renal Division/Department of Medicine.

[Fellow Signature]

❏ Fellow refused to sign

Joseph V. Bonventre, MD, PhD
Professor of Medicine, Harvard Medical School
Chief, Renal Division, Brigham and Women's Hospital
Program Director, Nephrology Fellowship

“ I attest that the foregoing information supplied is true in every respect”

Date: Program Director Signature:

Program Director Name (Typed or Printed):

Address of Signing Program Director:

Notary Public Seal State of: Country:

Subscribed and Sworn Before Me on this Day:

Notary Public Signature:

Notary Public Name (Typed or Printed):

Commission Expires
