

TO: Jess P. Shatkin, MD, MPH  
Director of Education and Training  
Department of Child and Adolescent Psychiatry  
New York University School of Medicine  
550 First Avenue, NB 21 South 6  
New York, NY 10016

FROM:

RE:

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This is to verify that Dr. \_\_\_\_\_ entered our program as a PGY- \_\_\_\_\_ on \_\_\_\_\_ (mo/day/yr)

S/he will have satisfactorily completed the following training by June 30, 2008:

Please enter the number of months completed.

\_\_\_\_\_ months of primary care: internal medicine, pediatrics, or family practice

(4 months minimum, 1 month may be emergency medicine/ICU rotation)

\_\_\_\_\_ months of neurology (2 months minimum, one month may be in pediatric neurology)

\_\_\_\_\_ months of adult inpatient psychiatry (9 months minimum)

\_\_\_\_\_ months of adult outpatient psychiatry (12 FTE months minimum, 20% of which has to be continuous)

\_\_\_\_\_ months of child and adolescent psychiatry (2 months but not required if resident is completing training in child and adolescent psychiatry)

\_\_\_\_\_ months of consultation liaison (2 months minimum, one month may be in pediatric C/L psychiatry)

\_\_\_\_\_ month(s) of geriatric psychiatry (1 month FTE, may be in or out patient)

\_\_\_\_\_ month(s) of addiction psychiatry (1 month FTE, may be in or out patient)

S/he has had experience in (please check):

\_\_\_\_\_ community psychiatry

\_\_\_\_\_ forensic psychiatry

\_\_\_\_\_ emergency psychiatry

Dr. \_\_\_\_\_ plans to leave our program on June 30, 2008. At that time, Dr.

will have completed all general psychiatry program requirements.

must complete the following psychiatry training to satisfy general psychiatry program requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Training Director or Chairman: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED TO DR. SHATKIN OR APPLICANT WILL NOT BE RANKED ON MATCH LIST.**