1. PURPOSE

The purpose of this policy is to address the process of verification by a department chair or program director of a resident's satisfactory completion of training.

2. POLICY

On an annual basis, the program director must complete the appropriate ABMS tracking and evaluation form for each resident as required by the specialty Board.

The program director has the final responsibility and authority to verify the individual house officer's satisfactory completion of training. Verification by a department chair or program director that the individual served the prescribed number of years is not the same as verifying the individual’s satisfactory completion of training. The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident’s permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must document the resident’s performance during the final period of education and verify that the resident has demonstrated sufficient competence to practice without direct supervision.

3. SCOPE

This policy applies to all GME trainees in ACGME accredited, IUSM sponsored training programs.

4. DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A GME Trainee is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

5. PROCEDURE

Notification: If a department chair or program director is not going to verify or recommend an individual's satisfactory completion of training, he should notify the individual as early as possible. Included in the notification should be a recommendation for remedial training if this is appropriate.
The Associate Dean of Graduate Medical Education will be notified at the time the decision is made and the resident or applicant notified. Included with the notification to the Associate Dean of Graduate Medical Education will be supporting documentation.

**Appeal:** The resident may seek an informal discussion regarding this non-verification with the Associate Dean of Graduate Medical Education. The Associate Dean of Graduate Medical Education will limit his or her findings to verifying that the individual has been notified and that the documents support the decision not to verify. If such documentation is available and supports the decision, the decision of the chair will be final. If in the judgment of the Associate Dean of Graduate Medical Education, the documentation does not support such a decision, then a remedial plan agreed to by both parties will be required.

The Associate Dean of Graduate Medical Education will advise the Dean of any adverse actions resulting in denial of verification.

6. **IMPLEMENTATION**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

7. **OVERSIGHT**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8. **REFERENCES**

N/A

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