Letter Attesting to General Psychiatry Board Eligibility  
To be Completed by Training Director

FROM: Training Director, ________________________________  
General Psychiatry Training Program

RE: Applicant: ________________________________

This is to verify that Dr. __________________ entered our program as a PGY-___  
on ____________ (mo/day/yr). She/he will have satisfactorily completed the following training:

Please enter the number of months completed by date of entering child and adolescent psychiatry training.

____ months of primary care  (internal medicine, pediatrics, or family practice; 4 month minimum)  
____ months of neurology  (2 months minimum with at least one month with adults)  
____ months of adult inpatient psychiatry  (9 months adult inpatient minimum)  
____ months of continuous adult outpatient psychiatry  (12 FTE months minimum)  
____ months of consultation liaison  (2 months minimum with at least one month with adults)

She/he has/will have had experience in (please check):

____ geriatric psychiatry  ____ community psychiatry  
____ forensic psychiatry  ____ emergency psychiatry  
____ addiction psychiatry

Dr. __________________ left our program on ____________________ (mo/day/yr).  

Dr. __________________ must complete the following psychiatry training to satisfy adult program requirements:

________________________________________________________________________
________________________________________________________________________

Signature of General Psychiatry Training Director: ____________________ Date: _____

Please return this form along with letter of recommendation to Saundra Stock, M.D. 3515  
E. Fletcher Ave. Tampa, FL 33613