

**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 Sandra Stock, M.D. 3515 E. Fletcher Ave. Tampa, FL 33613