



## Letter of Eligibility

### Emirati Board Part 1 Examination

This completed form must be received by the NIHS for each application submitted. The application process is not complete without this form:

Full Name

Postgraduate Year:

Emirates ID:

**The following is derived from a composite of multiple evaluations by the program director and the program's clinical competency committee. The evaluation is based upon the Accreditation Council for Graduate Medical Education (ACGME) General Competencies and the specialty-specific Milestones, which define the essential components of clinical competence.**

In addition to completing the chart below, please attach a summary of resident/fellow milestone scoring:

Core Competency	Description	Milestone Level				
		1	2	3	4	5
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.					
Procedural Skills	Demonstrates competence in performing all medical, diagnostic, and surgical procedures considered essential for the area of practice.					
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioural sciences as well as the application to patient care.					
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.					





Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information and exchange and collaboration with patients, their families, and health professionals.					
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.					
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.					

**Resident/Fellow performance during the period of training (check the appropriate box):**

Satisfactory

Unsatisfactory

**Verification of Training (complete the appropriate response and check the box):**

Based on a composite evaluation, the Program Director and Clinical Competency Committee of attest that the resident/fellow has successfully completed \_\_\_\_\_ months of the training program.

**Disciplinary Action (check the appropriate box):**

During the dates of training at this institution, the resident/fellow was not subject to any institutional disciplinary action.

During the dates of training, the resident/fellow was subject to disciplinary action as follows (please describe in the space below or attach a separate sheet):





**Professionalism (check the appropriate box):**

During the dates of training, the resident/fellow did not show any signs or alcohol problems.

During the dates of training, the resident/fellow did show signs of behaviour, alcohol problems (please describe in the space below or attach a separate sheet

**I certify that this resident/fellow is eligible to register for the Emirati Board Part 1 Examination.**

Name of Sponsoring Institution	
Name of the Program	
Name of the Program Director	
Signature of the Program Director	

**Official Stamp**

**Date:**

