**Letter of Eligibility**

**Emirati Board Final Examination**

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

**Resident/Fellow Full Name:**

**Postgraduate Year (PGY): Training Months Completed:**

**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:

|  |  |  |
| --- | --- | --- |
|  |  | **Milestone Level** |
| **Core Competency** | **Description** | **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 andevolving biomedical, clinical, epidemiological and social behavioural sciences as well as the applicationto patient care. |  |  |  |  |  |
| Practice-Based Learningand Improvement | Demonstrates the ability to investigate and evaluatepatient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning. |  |  |  |  |  |
| Interpersonal andCommunication Skills | Demonstrates interpersonal and communicationskills that result in effective information and exchange and collaboration with patients, their families, and health professionals. |  |  |  |  |  |
| Professionalism | Demonstrates a commitment to carrying outprofessional responsibilities, and adherence to ethical principles. |  |  |  |  |  |
| Systems-Based Practice | Demonstrates awareness of and responsiveness to thelarger context and system of health care and the ability to effectively call on other resources in thesystem 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.

​​

☐​ Based on a composite of multiple evaluations, the Program Director and the Clinical Competency Committee attest that the training program has been successfully completed and the resident/fellow has demonstrated sufficient competence to enter practice without supervision in the specialty of……………………………………………

​​☐​ The resident/fellow has NOT successfully completed 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 of behaviour, drug or alcohol problems.

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

**Clinical Procedures/Privileges Requested (check the appropriate box):**

​​☐​ The resident/fellow was recommended for the certifying examination administered by NIHS.

​​☐​ At the conclusion of training the resident/fellow was judged capable of performing the following procedures independently (please list in space provided or attach list).

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**Scholarly Activity (check the appropriate box):**

☐​ The resident/fellow completed a scholarly project relevant to the specialty which was conducted under direct supervision of a faculty member.

​​☐​ The project, was prepared in a form which can be used for publication or presentation and submitted for publication in a specialty specific journal or presented in a national or international specialty conference.

***Submit: Proof of project submission for publication, or presentation in a medical conference.***

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**I certify that this resident/fellow is eligible to register for the Emirati Board Part 2 Examination.**

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

**Official Stamp Date:**