

UNIVERSITY OF TEXAS MEDICAL BRANCH
DIVISION OF CHILD & ADOLESCENT PSYCHIATRY
APPLICANT INFORMATION

LETTER ATTESTING TO GENERAL PSYCHIATRY BOARD ELIGIBILITY

Applicant: _____

General Psychiatry Program: _____

This form is to verify that _____ entered our program as a PGY ____
on _____. Dr. _____ will have completed
satisfactorily the following training:

Please enter the months completed by the date the applicant will enter child and adolescent
psychiatry residency.

_____ months of primary care (medicine, pediatrics, family practice – 4 months minimum)

_____ months of neurology (2 months minimum)

_____ months of adult inpatient (9 months minimum)

_____ months of continuous adult outpatient psychiatry (12 month FTE minimum)

_____ months of consultation-liaison (2 months minimum)

_____ months of geriatric psychiatry (1 month minimum)

_____ months of addiction psychiatry (1 month minimum)

_____ months of child & adolescent psychiatry

Dr. _____ has had experience in (please check)

_____ Forensic Psychiatry

_____ Community Psychiatry

_____ Emergency Psychiatry

Dr. _____ will leave our program on _____ having completed
_____ years of general psychiatry training. At that time, all of the content requirements
(ABPN) for general psychiatry **will/will not** be completed.

If not completed, which requirements are still outstanding: _____

General Psychiatry Program Director Signature: _____

Please return this form in addition to a letter to:
Christopher R. Thomas, M.D.
Director, Child & Adolescent Psychiatry Training