



UNIVERSITY OF  
**SOUTH CAROLINA**  
School of Medicine

**Evaluation: Summative Resident/Fellow Evaluation Form (Non-Graduate)**

Dr. \_\_\_\_\_  
SSN: \_\_\_\_\_

Program/Specialty \_\_\_\_\_

**Verification:** The above-named physician served in the following training program at Palmetto Health but **did not** complete the program.

Type	Program Name (* If non-ACGME program)	From	To	Completed Program (Yes/No)	Months Successfully Completed
Internship					
Residency					
Chief Resident Year					
Fellowship					

**Evaluation:** Based on demonstrated performance and evaluations by supervisors on file.

	Superior	Good	Fair	Poor
Basic Medical Knowledge				
Patient Care and Management				
Interpersonal and Communication Skills				
Professionalism				
Systems-based Practice				
Practice-based Learning and Improvement				
Overall Performance				

**Explanation Of Why Resident/Fellow Did Not Complete The Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Program Director (Signature)

\_\_\_\_\_  
Name (Printed/Typed)

\_\_\_\_\_  
Date

I have reviewed this document and permit the release of this information to any third party who inquires about my professional background.

\_\_\_\_\_  
Resident/Fellow (Signature)

\_\_\_\_\_  
Name (Printed/Typed)

\_\_\_\_\_  
Date

I attest that the information supplied on this photocopy is a copy of an official evaluation on file in the department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Reviewed 2/20/14