

CONFIDENTIAL

Texas Tech University Health Sciences Center School of Medicine Graduate Medical Education

Disciplinary Action Form

Name of Resident / PGY Level

Campus / Department

TYPE OF INTERVENTION (Circle):

____ Observation

____ Probation

____ Suspension

____ Dismissal

PRIOR INTERVENTION (Circle):

No

Yes

If Yes,

Type of Action / Date(s)

EFFECTIVE DATES OF ACTION:

Date Intervention to Begin

Date Intervention to End

PLEASE ATTACH DOCUMENTATION

COMMENTS BY PROGRAM DIRECTOR:

Program Director

Date

ACKNOWLEDGEMENTS AND DATES

Department Chair (if different from
Program Director or designee) Date

Executive Associate Dean for GME and
Resident Affairs Date

Regional Dean (if applicable) Date

Office of General Counsel Date

Campus Designated Institutional Official Date

* Notification of a Resident completing a period of Observation must be made in writing to the Resident and the GME office.

** Resident placed on Probation, Suspended or Dismissed, must be reported to the TMB within 7 days if the reason is on the list of reasons contained in TMB Rule 171.6 and if final action has been taken.

***Notification of completion of a period of Probation or Suspension must be reported in writing to the GME office as well as the Resident and the TMB, if the TMB was originally notified of the action.

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