The resident listed below is expected to transfer from your program to a Maimonides Residency Program July 1, __________. In compliance with ACGME Program Requirements for resident transfers we would appreciate it if you would please complete the following form.

Please return the completed form and a list of the resident’s procedural experience/credentials to:

Jennifer Hughes  
Administrative Manager of GME  
Maimonides Medical Center  
Academic Affairs Office  
Phone: 718-283-6879  
Fax: 718-635-7484  
Email: Jhughes@maimonidesmed.org

<table>
<thead>
<tr>
<th>Resident Name :</th>
<th>Training Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor* (1)</td>
</tr>
<tr>
<td></td>
<td>Fair* (2)</td>
</tr>
<tr>
<td></td>
<td>Good (3)</td>
</tr>
<tr>
<td></td>
<td>Superior (4)</td>
</tr>
</tbody>
</table>

1. Professional Judgment (PC, PF*)
2. Sense of Responsibility (PF)
3. Ethical Conduct (PF)
4. Clinical Competence (PC,MK)
5. Technical Skills (PC,MK)
6. History & Physical Exam Taking (PC)
7. Basic Medical Knowledge (MK,PBL)
8. Cooperativeness, ability to work with others (C,PF,SBP)
9. Record Keeping (PC,PBL,PF)
10. Patient Management (PC,MK)
11. Physician/Patient Relationship (PC,C,PF)

COMMENTS:


Print Name & Title | Signature: | Date:
-------------------|------------|--------