



# American Board of Ophthalmology®

ADVANCING EXCELLENCE IN EYE CARE

## VERIFICATION AND EVALUATION OF TRAINING FORM FOR:

### «Applicant»

This form is provided to Department Chairs and Residency Program Directors for their verification of post-graduate training listed by the Board candidate and for evaluation of whether the candidate has satisfactorily completed the entire residency training program in ophthalmology of at least 36 months' duration. The Board is grateful for your completion of the form and appreciates you returning it as soon as possible, but no later than **DATE**.

### **I. VERIFICATION OF FIRST POST-GRADUATE YEAR OF CLINICAL TRAINING (PGY-1)**

ABO rules require that a candidate must have completed a post-graduate clinical year (PGY-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada by the Royal College of Physicians and Surgeons. During the PGY-1 year, the physician must have had primary responsibility for patient care in the fields of emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery. For programs in the United States using an integrated or joint preliminary year/ophthalmology format, the PGY-1 year must comprise nine months of broad experience in direct patient care in diverse settings along with three months of experience in ophthalmology. **The ABO requires that the Department Chair ascertain that the physician has completed an accredited PGY-1 in the United States or Canada prior to the start of the ophthalmology residency.**

ABO records indicate that PGY-1 training for this candidate was taken at:

#### **«PGY1-Program»**

Is the statement in accordance with your records? Yes \_\_\_ No \_\_\_

Was the training in an accredited program in the U.S. or Canada? Yes \_\_\_ No \_\_\_

Was the content of this training in conformity with ABO regulations as stated above? Yes \_\_\_ No \_\_\_

If there are discrepancies between the information on this form and your records, please describe them below.

---

---

---

---

---

---

---

**II. VERIFICATION OF RESIDENCY TRAINING IN OPHTHALMOLOGY  
 (PGY-2 THROUGH 4 OR BEYOND)**

**PLEASE NOTE:** When a resident's graduate education and clinical experience have been gained in more than one residency program, each program is required to evaluate transferring residents and submit an interim evaluation to the second residency program. It is the responsibility of the second program to obtain the completed form from the first program and retain it for inclusion with this Satisfactory Completion document. The second program must evaluate all ACGME core competencies, considering any deficiencies noted in the Interim Evaluation by the preceding program(s). The ACGME also must be notified of the change by both programs.

ABO records indicate that ophthalmology training for this candidate was taken as follows:

«PGY2-Program»

«PGY3-Program»

«PGY4-Program»

«PGY5-Program»

Does the ABO's record of training for this candidate match your records? Yes \_\_\_\_ No \_\_\_\_

If there are discrepancies between the information on this form and your records, please describe them below.

---



---



---

**III. VERIFICATION OF SATISFACTORY COMPLETION**

Please indicate **Satisfactory** or **Unsatisfactory** on the following criteria. **The ABO requires that a Satisfactory rating be given for each competency for a candidate to be eligible for the Board examinations.**

	Satisfactory	Unsatisfactory
1. <b>Medical Knowledge</b> - Understanding and application of established and evolving biomedical, clinical and cognitive sciences; critical evaluation of new information.		
2. <b>Patient Care</b> - Diagnosis and management of medical and surgical eye disease; utilization of information technology; documentation in medical records.		
3. <b>Interpersonal and Communication Skills</b> - Interaction with patients, colleagues, referring physicians and other professionals; patient and family counseling; appreciation of socio-economic circumstances.		
4. <b>Practice-based Learning and Improvement</b> - Self-assessment of patient care; application of scientific evidence to improve patient care; participation in self-improvement programs.		

**AMERICAN BOARD OF OPHTHALMOLOGY  
 VERIFICATION AND EVALUATION OF TRAINING FORM  
 CANDIDATE - «Applicant»**

	Satisfactory	Unsatisfactory
5. <b>Systems-based Practice</b> - Awareness of larger healthcare systems, utilization of system for optimum patient care and patient advocacy.		
6. <b>Professionalism</b> - Commitment to professional responsibilities; respect for physician-patient and physician-physician relationships; ethical behavior.		

**IV. VERIFICATION OF SURGICAL COMPETENCE**

Please indicate **Satisfactory** or **Unsatisfactory** on the following criteria. **The ABO requires that a Satisfactory rating be given for surgical competence for a candidate to be eligible for the Board examinations.**

	Satisfactory	Unsatisfactory
7. <b>Technical and Procedural Skills</b> - Appropriate selection of surgical cases; obtaining informed consent; handling tissue; suturing techniques; use of instrumentation; recognition/appropriate management of intra-operative complications; post-operative care.		

**V. ATTESTATION OF AMERICAN BOARD OF OPHTHALMOLOGY EXAMINATION INTEGRITY**

Are you aware of any use of or sharing of ABO examination material (written qualifying examination and/or oral examination) by this resident or by any resident(s) in your training program?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe. (Use an additional sheet if needed.)

---



---

Date: \_\_\_\_\_

**«Chair»**

NAME OF DEPARTMENT CHAIR \_\_\_\_\_ SIGNATURE OF DEPARTMENT CHAIR \_\_\_\_\_

**«Director»**

NAME OF RESIDENCY PROGRAM DIRECTOR \_\_\_\_\_ SIGNATURE OF RESIDENCY PROGRAM DIRECTOR \_\_\_\_\_

This evaluation has been reviewed with the resident. (\*Required only if resident has one or more unsatisfactory ratings.)

\_\_\_\_\_  
 \*SIGNATURE OF RESIDENT DATE

If this individual has attended more than one residency, please submit the Interim Evaluation form.

Submit Verification Form to the ABO by uploading it on the ABO's Residency Tracking website: [www.abop.org/residency](http://www.abop.org/residency)