

FELLOW TRANSFER INFORMATION

Name of Fellow _____ Government ID Number _____

Name of Training Program _____ Subspecialty Area _____

Name of Program Director _____ ABP Program Code _____

Year of training: _____ Duration _____ to _____
1,2,3 Mon/Day/Yr Mon/Day/Yr

The fellow receives credit for _____ months of training during this period.

Number of Clinical Months _____
Number of Research / Scholarly Activity Months _____

For the above period his/her work was: (Mark one for each)

- | <u>Clinical Evaluation</u> | <u>Professionalism Evaluation</u> |
|--|--|
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Satisfactory |
| <input type="checkbox"/> Marginal* | <input type="checkbox"/> Unsatisfactory* |
| <input type="checkbox"/> Unsatisfactory* | |

*Remarks are required for Marginal or Unsatisfactory evaluation
*Remarks are required for Unsatisfactory evaluation

Reason for transfer: _____

Name of New Training Program _____

Name of New Program Director _____

Location of New Program _____

Has this information been communicated to the new program? ____ Yes ____ No

Please comment on the status of the fellow's research/scholarly activity including plans to insure continued appropriate mentoring upon transfer, including role of Scholarship Oversight Committee. In addition, remarks are required for evaluations that are marginal or unsatisfactory. (Use reverse side if necessary)

I have reviewed this form.

Signature-Fellow _____ Date _____ Signature-Program Director _____ Date _____
The American Board of Pediatrics

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INSTRUCTIONS FOR COMPLETION

1. This form is to be completed if a fellow leaves your program voluntarily or is asked to leave before completing any year of training. A year of training consists of 12 months, one of which may be used for vacation or leave.
2. The program director must evaluate the fellow's performance for the period indicated on the form. Indicate the number of months of credit received.
3. It is important that the name of the new program and program director be provided in order that the fellow may be tracked
4. Remarks regarding the fellow's reason for leaving must be completed. Remarks are required if the evaluation is marginal or unsatisfactory.
5. The fellow should review the transfer form and sign it. If he/she refuses to sign the form, enter the word "refused" in the space for the fellow's signature. If the fellow is not available to sign the form, make a note on the form. The ABP will attempt to notify fellows of adverse evaluations.
6. A copy of this form **MUST** be sent to the new program director.
7. Return this form as soon as possible after the transfer to the American Board of Pediatrics, 111 Silver Cedar Court, Chapel Hill, NC 27514-1615.