

2024 Verification of Residency Completion

This form serves as your attestation to the successful completion of residency training in Emergency Medicine for the physician named below. ABEM does not consider residency to be successfully completed unless all conditions are met. ABEM will verify attestations of competency by requesting the source data used for one or more attestations.

Required for 2024 Eligibility

___ I attest that this physician was a resident physician in this Emergency Medicine residency program from MM/DD/YY to MM/DD/YY.

___ I attest that this physician successfully met all residency program requirements in Emergency Medicine on MM/DD/YY.

In 2025 or later, the following areas will be required. They are not required for 2024.

Medical Knowledge

___ I attest that this physician has the knowledge, skills, and behaviors necessary to practice autonomously in an unsupervised environment.

Patient Care

___ I attest that this physician received a sufficient (passing) performance rating for every clinical rotation (If NO, please explain in an attached letter).

___ I attest that this physician can competently and reliably provide an airway in a critically ill or injured patient regardless of patient age.

___ I attest that this physician can competently and reliably provide vascular access (including central venous access) in a critically ill or injured patient regardless of patient age.

___ I attest that this physician can provide high-quality care leading a trauma resuscitation in infants, children, and adults.

___ I attest that this physician can provide high-quality care leading an adult medical resuscitation.

___ I attest that this physician can provide high-quality care leading a pediatric resuscitation.

___ I attest that this physician can provide high-quality care leading a resuscitation of the newly born.

Interpersonal and Communication skills

___ I attest that this physician effectively listens to patients and families.

___ I attest that this physician effectively communicates challenging information with patients and families.

Professionalism

___ I attest that this physician had no disciplinary actions during residency and that if there were disciplinary actions, they were completely remediated. (If NO, please explain in an attached letter)

Systems Based Practice

___ I attest that this physician's care aims to advance health equity.

Practice Based Learning

___ I attest that this physician actively participated in quality improvement activities.

Program Director Signature

MM/DD/YYYY

Program Director Name (Printed)