

**TRANSFER APPLICANT FROM OTHER INSTITUTION
PROGRAM DIRECTOR QUESTIONNAIRE
LSU SCHOOL OF MEDICINE - GME OFFICE**

INSTRUCTIONS: This form must be completed by the Program Directors of each program that the applicant has attended.

_____ has applied to the LSU School of Medicine – New Orleans
_____ training program. In addition to the ACGME required letter from his current program which must verify previous educational experiences and include a statement regarding the performance evaluations of the transferring applicant, including a milestones assessment of competencies in the six areas in Section IVB of the ACGME Institutional Requirements, we request answers to the following questions before proceeding to consider the applicant.

Did the applicant ever have any of the following (please check Yes or No)?

	Yes	No
Remediation		
Probation		
Suspension		
Non Reappointment		
Non Promotion		
Termination		
Leaving program in Lieu of Disciplinary Action		
Incompletion or extension of training		
Other: please explain _____		

If Yes has been answered to any of the above items, please attach an explanation.

Please list training dates for which credit towards any applicable board will be given:

A signed release that allows you to answer these questions and relate any other relevant material we should consider in this application has been completed.

Should you have any questions regarding this matter please contact: Charles W. Hilton, MD, Associate Dean for Academic Affairs and DIO, LSU School of Medicine – New Orleans (chilto@lsuhsc.edu or 504-568-4006).