School of Medicine
<mark>Rheumatology Fellowship Program</mark>   Formal program name automatically set up as part of letterhead

Updated March 2021

VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING

Section I: Verification of training and performance during training

Trainee's Full Name: First, Middle, Last and Credentials **Brett Daniel Brown, M.D.**	DOB: **8/23/1986**	NPI: **1234567890**

Program Specialty or Subspecialty:

☐Preliminary Program: Date From/To:
☐Core Residency Program: Date From/To:
☒Fellowship Program: **Medicine - Rheumatology**   Date From/To: **7/1/2019 - 6/30/2021**

Program name, type, and dates in program. If multiple program entries in NI, this will not be filled in automatically

Training Program Accreditation: ☒ ACGME   ☐ AOA   ☐Other

Program ID and Accreditation Status automatically completed
If marked "other," please indicate accreditation type or list "none:"

Program ID #: **1502113157**

Did the above-named trainee successfully complete the training program which she/he entered?
☒ Yes   ☐ No

If termination reason in NI is "Graduated" or "Prelim Completed", YES is selected, otherwise "NO" is selcted
In addition to completion of full specialty training, completion of a transitional year or a planned preliminary year(s) would constitute completion of a program.

(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

Was the trainee subject to any of the following during training?

(i)	Conditions or restrictions beyond those generally associated with the training regimen at your facility;	☐Yes	☐ No
(ii)	Involuntary leave of absence;	☐ Yes	☐ No
	YES is automatically selected if a leave of absense is entered in NI		
(iii)	Suspension; excluding Educational, Family Concerns Financial, Maternity/Paternity LOAs	☐ Yes	☐ No
(iv)	Non-promotion/non-renewal; or YES is automatically chosen if termination reason is "Dismissed"	☐ Yes	☐ No
(v)	Dismissal; or	☐ Yes	☐ No
	YES is automatically chosen if termination reason is "Withdrew" or "Transferred"		
(vi)	Resignation.	☐ Yes	☐ No

(If YES to any of the above, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

All contact information in footer is from the contact information in the program director's record in New Innovations

Upon completion of the training program, the individual was deemed to have demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; (Core)

☐ Yes   ☐ No   ☐ N/A

(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

Did the program endorse this trainee as meeting the qualifications necessary for admission to the specialty's board certification examination?   ☐ Yes   ☐ No ☐ N/A

If NO, indicate the reason(s):

Automatically checked if this resident is a prelim resident

☐ This trainee was a preliminary resident.

☐ Trainee was not eligible for certification.

☐ Trainee involuntarily or voluntarily left this program before completion.*
Automatically checked for any termination reason other than "Graduated" or "Prelim Completed"

☐ No certification is available for this subspecialty.

☐ Other.*

*Please provide an explanation in the "Additional Comments" section below or enclose a separate document.
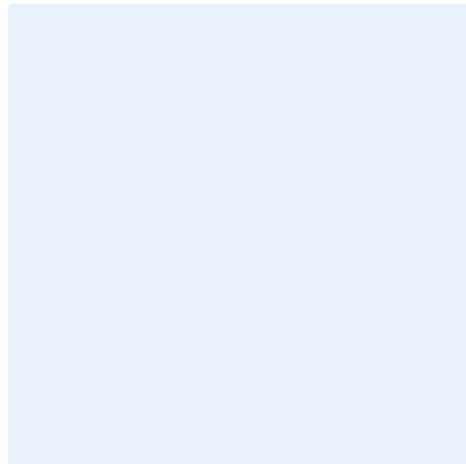
If you wish to include a photo of the resident, please upload here.

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Section II: Additional Comments

Please utilize this comment area to provide additional information in response to any of the questions noted above on this form. *(If additional space is needed, please enclose a separate document.)*

If left program early, one of these will be shown:
    Withdrew - Trainee voluntarily withdrew from program.
    Internal Transfer - Trainee voluntarily withdrew and transferred to another program within LSU Health New Orleans.
    External Transfer - Trainee voluntarily withdrew and transferred to another program at another institution.

Listing of Leave of Absence entries for person:
    Trainee on Leave of Absence from 7/1/2016 to 10/1/2016 due to [LOA reason from New Innovations]

Any years trainee was on research or a post-program chief
    Post Program Chief 7/1/2015-6/30/2016
    Research 7/1/15-6/302015

If in program for multiple periods or in both prelim and categorical programs, all program stints are shown:
    Trainee in training program during multiple periods:
    Surgery (Prelim) 7/1/2010 - 6/30/2011 Reason Left: Prelim Completed
    Surgery 7/1/2011 - 6/30/2016 Reason Left: Graduated

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Section III: Attestation

The information provided on this form is based on review of available training records and evaluations.

Signature:

All information pulled from director's record in NI

Printed Name: Myriam Guevara, M.D.

GME Title: Director, Rheumatology Fellowship Program

Phone Number: (504) 568-4498

Email: mgueva@lsuhsc.edu

Date Form Completed: 3/24/2021 Date form was created from system

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association Medical Staff Services (NAMSS), and Organization of Program Directors Associations (OPDA) have collaborated to create a standardized "Verification of Graduate Medical Education Training (VGMET)" Form designed to be completed once at the completion of training (or at the first opportunity thereafter when the program is asked to complete a verification/credentialing form).This VGMET Form is then time-stamped and inserted into the trainee's file. This time-stamped form, along with a cover letter from the current program director or institutional official, serves as the program's verification of training. The form will not include detailed lists of current procedural or technical competencies.

NOTE: THE VGMET FORM IS NOT INTENDED TO MEET REQUIREMENTS FOR LICENSURE. PLEASE USE THIS SUPPLIED FORM FROM THE FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS) FOR LICENSURE PURPOSES. THIS CAN BE USED WHETHER THE PHYSICIAN IS USING FCVS OR IS SEEKING LICENSURE INDEPENDENTLY