



Name of Applicant: \_\_\_\_\_

Name of Applicant's Current Department: \_\_\_\_\_

Name of Applicant's Current Institution (medical school / residency program): \_\_\_\_\_

Dates (list current faculty appointment first, any prior appointments sequentially underneath)	Faculty Appointment Rank	Faculty Appointment Type (e.g., academic, clinical, voluntary)	Faculty Appointment Status (e.g., full-time, part-time, time-as-reported, voluntary)

*As the applicant's department chair, I attest to the following:*

- The most recent faculty appointment listed above is currently active
- The applicant is *not* currently on a leave of absence
- If the applicant took any short-term leaves during the faculty appointment(s) listed above, the leaves did not exceed 6 months in total duration
- The applicant was *not* a trainee (e.g., resident, fellow) concurrent with any of the above faculty appointment(s)
- Concurrent with the faculty appointment(s) listed above, the applicant was and currently is a member of the teaching faculty of my institution's ACGME-accredited residency program in
  - Psychiatry     Neurology     Child Neurology
- On average during *each year* of the faculty appointment(s) listed above, the applicant provided regular and routine direct patient care, and/or regular and routine direct supervision of residents (with attending-physician-level responsibility for patient care), *for 8 or more hours per week*
- During each year of the faculty appointment(s) listed above, the applicant had responsibility to formally evaluate residents, and had role(s) in which the applicant was evaluated by residents, with findings reported directly to the residency program director and/or to the department chair
- The applicant is a competent clinician across all six ABMS general competencies (Medical Knowledge; Patient Care; Interpersonal & Communication Skills; Practice-Based Learning & Improvement; Systems-based Practice; Professionalism)

The applicant is able to practice completely independently in the field as a specialist in

Psychiatry     Neurology     Child Neurology

and has demonstrated the level of professionalism expected of a physician in practice.

There has been no evidence of unethical or unprofessional behavior, or of clinical incompetence, or, if there were any such concerns at any time, the behaviors or concerns in question have been fully and successfully remediated.

The applicant is a valuable member of the faculty at my institution, and I anticipate the applicant will demonstrate further growth and achieve further academic advancement over time

My attestations here are based, in part, on input from the residency program director, from the applicant's clinical supervisor, and (if I am not myself certified by the ABPN in the same specialty for which the applicant is seeking eligibility) from the senior-most departmental leader who is certified by the ABPN in that same specialty (e.g., division chief, associate chair).

**If any faculty appointment listed above was *other than full-time*, or if there are any attestations above that you are unable to make or wish to qualify, please describe/explain:**

**Do you have any other comments about the applicant's qualifications as a potential candidate for ABPN certification?**

*In signing my name, I attest that I have personally approved all the attestations and statements made on this form.*

**Department Chair (or equivalent) Name:** \_\_\_\_\_

**Department Chair Faculty Rank and Title(s):** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attestation form must be emailed directly to [ABPN](#) from the Chair.**