



UNIVERSITY OF
SOUTH CAROLINA
School of Medicine

Summative Evaluation: Resident/Fellow Evaluation Form (Non-Graduate)

Dr. _____ Program/Specialty _____
SSN: _____

Verification: The above named physician served in the following training program at **Prisma Health-Midlands, formerly known as Palmetto Health**, but **did not** complete the program.

Type	Program Name (* If non-ACGME program)	From	To	Completed Program (Yes/No)	Months Successfully Completed
Internship					
Residency					
Chief Resident Year					
Fellowship					

Evaluation: Based on demonstrated performance and evaluations by supervisors on file.

	Superior	Good	Fair	Poor
Basic Medical Knowledge				
Patient Care and Management				
Interpersonal and Communication Skills				
Professionalism				
Systems-based Practice				
Practice-based Learning and Improvement				
Overall Performance				

Explanation Of Why Resident/Fellow Did Not Complete The Program:

Program Director (Signature)

Name (Printed/Typed)

Date

I have reviewed this document and permit the release of this information to any third party who inquires about my professional background.

Resident/Fellow (Signature)

Name (Printed/Typed)

Date

I attest that the information supplied on this photocopy is a copy of an official evaluation on file in the department.

Signature

Date

Title

Reviewed 4/24/2019