**FORM #3  
[State Medical Board or Federation of State Medical Boards – Typical no derogatory information]**

*OFFICIAL DEPARTMENT LETTERHEAD*

CONFIDENTIAL & PRIVILEGED COMMUNICATION

DATE

State Board Medicine Via: FedEx or email or fax

State of

--address--

RE: [name of resident]  
 ACGME Program Specialty and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Dates of training: \_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Board Members and Staff:

I have received the “ Evaluation Form” of the State Board Medicine of \_\_\_\_\_\_\_\_\_\_. This letter is my response to Sections x, x, x, and x of that Form.

1. This, and all other communications with the State Board of Medicine (“Medical Board”) is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC’s, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The statute recognizes that a QIC includes state or local health professional associations, such as the State Medical Board. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq*.
2. I have prepared this submission in my official capacity as the \_\_\_\_\_\_\_\_\_\_\_ Residency Program Director and Assistant Professor, University of Tennessee College of Medicine Chattanooga.
3. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ satisfactorily completed residency training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at The University of Tennessee College of Medicine Chattanooga. Based on a composite of multiple evaluations by supervisors in this resident’s rotations and experiences during the residency, the Program Director and the Clinical Competency Committee of The University of Tennessee College of Medicine Chattanooga, attests that the training program has been successfully completed and the resident has demonstrated sufficient competence to engage in autonomous practice in the specialty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The resident was recommended for the certifying examination administered by the Medical Specialty Board for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. As to Questions x, x, x, and x, I have no derogatory information to report.
5. As a matter of the UT College of Medicine Chattanooga policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues.

Please call me if you have any questions.

Sincerely,

(name), MD

Program Director, (program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(faculty rank), Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University of Tennessee College of Medicine Chattanooga

Approved most recently by the GMEC at its 4/19/2022 meeting.