**Form 4 [Derogatory Information & Dismissal]**

*OFFICIAL DEPARTMENT LETTERHEAD*

CONFIDENTIAL & PRIVILEDGED COMMUNICATION

[Insert Date]

RE: [Insert name of resident/fellow]

 **Dates of Training**: from [insert date] UNTIL [insert date], for a total of [insert 1-72] months of

 training in the [insert name of program] [residency/fellowship] training program.

Dear Medical Board Members and Staff:

This letter is in response to your Board’s request for information for licensing pertaining to the Resident/Fellow.

1. This, and all other communications with the State Board of Medical Examiners (“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). Under the PPQIA, healthcare providers who function as a Quality Improvement Committee (QIC), when providing information to tother QICs 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 statue 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.,* and a signed consent to the release of training and comprehensive evaluation records.
2. I have prepared this submission in my official capacity as the [insert specialty name] Residency/Fellowship Program Director and as an Assistant/Associate Professor of the University of Tennessee Health Science Center.
3. Dr. [insert name of resident/fellow] did not satisfactorily complete training in [insert specialty name] at the University of Tennessee Health Science Center. The resident/fellow participated in the [Residency/Fellowship] Program from [insert date] to [insert date], for a total of [insert 1-72] months of training. Dr. [insert name of resident/fellow] [resigned/was dismissed] on [insert date – MM/DD/YYYY].
4. The resident was not recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name].
5. I am reporting the following derogatory information: **[You must seek UT Legal Counsel prior to completing this section.]**
6. As a matter of College policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents/fellows. Further, I cannot comment or respond to questions seeking my opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues, other than provided herein.

Sincerely,

[Insert name of Program Director], Program Director, Associate/Assistant Professor

Department of [Insert specialty name]

University of Tennessee Health Science Center