**FORM #4**

**[State Medical Board or Federation of State Medical Boards – Derogatory Information & Dismissal]**

*OFFICIAL DEPARTMENT LETTERHEAD*

CONFIDENTIAL & PRIVILEGED COMMUNICATION

DATE

State Board Medicine Via: FedEx or email or fax

State of

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 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, The University of Tennessee College of Medicine Chattanooga.
3. In preparing this response I have relied upon the release and waiver signed by Dr. as part of the “ Evaluation Form” and make my submission in good faith reliance of that release and waiver.
4. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ did not satisfactorily complete residency training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at The University of Tennessee College of Medicine Chattanooga. The resident participated in the Residency Program from. \_\_\_\_ to \_\_\_\_, for a total of \_\_\_ months of training. Dr. [resigned][was dismissed] on [date], year.
5. Since the resident did not complete the entire \_\_\_\_\_-year program, the resident could not be recommended for the certifying examination administered by the Medical Specialty Board for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. [The attorney recommends you not respond to these questions unless absolutely necessary. If you choose to respond, say the following:] As to your Form Questions x, x, x, and x, I am reporting the following derogatory information:
7. As a matter of The University of Tennessee 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, other than provided herein.

Please call me if you have any questions.

Sincerely,

(Name), MD

Program Director, (Name of Program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Faculty Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The University of Tennessee College of Medicine Chattanooga

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