**FORM #5 [Response to Employer, Credentialing Committee, & other Inquiries]**

*OFFICIAL DEPARTMENT LETTERHEAD*

CONFIDENTIAL AND PRIVILEGED

[Insert Date]

RE: [Insert name of resident/fellow]

To whom it may concern:

I have received the attached evaluation form from your organization.

1. This, and all other communications with your healthcare organization 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 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 PPQIA recognizes that a QIC includes state, local, group, individual and hospital healthcare professional associations. 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 [insert specialty name] Residency/Fellowship Program Director and Associate/Assistant Professor, University of Tennessee Health Science Center.

3. In preparing this response I have relied upon the release and waiver signed by Dr. [insert name of resident/fellow] as part of the evaluation form and make my submission in good faith reliance of that release and waiver.

4. Dr. [insert name of resident/fellow] did/did not satisfactorily complete residency/fellowship training in [insert specialty name] at the University of Tennessee Health Science Center. The resident 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].

5. The resident was/was not recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name].

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 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.

Sincerely,

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

Department of [Insert specialty name]

University of Tennessee Health Science Center