**FORM #5**

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

*OFFICIAL DEPARTMENT LETTERHEAD*

CONFIDENTIAL AND PRIVILEGED

[Date]

RE: [name of resident]

ACGME Program Specialty and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of training: \_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 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 \_\_\_\_\_\_\_\_\_\_\_ Residency Program Director and [Faculty Rank, 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], 20[\_\_.]
5. Dr. \_\_\_\_\_\_\_ completed (or will complete) our entire \_\_\_\_\_\_-year program, and was (or was not or will or will not) recommended for the certifying examination administered by the Medical Specialty Board for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. 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.