UCONN | SCHOOL OF MEDICINE

GRADUATE MEDICAL EDUCATION

Verification of Prior Residency/Fellowship Training

Sekhon, Gaurav

Name: _____

(Last name, First name)

Nassau University Medical Center

Name of Institution: _____

NUMC General Psychiatry

Name of Program: _____

July 1st 2020 - June 30th 2023

Dates of Training: _____*

1-3

PGY Levels _____ Completed Program ☑ yes ☐ no*

ACGME or equivalent accreditation of program	☑ yes	☐ no
Credit for all months of training at each level	☑ yes	☐ no*
Probation	☐ yes*	☑ no

Satisfactory performance:

Patient Care	☑ yes	☐ no*
Medical Knowledge	☑ yes	☐ no*
Interpersonal Skills & Communication	☑ yes	☐ no*
Professionalism	☑ yes	☐ no*
Systems Based Practice	☑ yes	☐ no*
Practice Based Learning	☑ yes	☐ no*

At any time during training, was any competency below satisfaction? ☐ yes* ☑ no

Please explain any [*] answers here:

May 30th 2023

_____ _____

Program Director or GME Administrator/Dean Signature Date

_____

Printed Name and Title

Nassau University Medical Center

_____ Institutional Seal

Institution

2201 Hempstead Turnpike, East Meadow, NY 11554

_____

Address