

# University of Nevada School of Medicine

**Program Name:**

**Date of Review:**

**Program Director:**

**Associate Program Director:**

- The program director, representative faculty, and at least one resident were present
- Goals and objectives and the effectiveness of the program in achieving them were reviewed
- Comments, from the faculty, regarding the quality of the program were reviewed
- The most recent report from the GMEC (internal review) was reviewed
- The most recent accreditation letter(s) from the RC were reviewed
- Any recent communications from the ACGME or RC were reviewed if applicable
- Confidential written evaluations of the program submitted by the residents and faculty were reviewed
- Resident performance and outcome assessment were used in the evaluation of the educational effectiveness, including but not limited to performance on certification exams
- A specific action plan to address any deficiencies was approved by the faculty and documented
- Minutes of this meeting were filed including those in attendance with their roles defined.

As program director, I certify that all requirements have been met:

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**Program Director's Signature**