

**2026 Verification of Residency Completion  
Required for Board Eligibility**

This form serves as your attestation to the successful completion of residency training in Emergency Medicine for the physician named below. ABEM does not consider residency to be successfully completed and the physician to be board-eligible unless all competencies are met. ABEM reserves the right to verify the attestation by requesting the source data that informed one or more of these attestations.

\_\_\_ I attest that this physician was a resident physician in this Emergency Medicine residency program from \_\_\_\_\_ (MM/DD/YY) to \_\_\_\_\_ (MM/DD/YY).

\_\_\_ I attest that this physician successfully met all residency program requirements in Emergency Medicine on \_\_\_\_\_ (MM/DD/YY).

**Medical Knowledge**

\_\_\_ I attest that this physician has the knowledge, skills, and behaviors necessary to practice autonomously in an unsupervised environment.

**Patient Care**

\_\_\_ I attest that this physician can competently and reliably provide an airway in a critically ill or injured patient regardless of patient age.

\_\_\_ I attest that this physician can competently and reliably provide vascular access (including central venous access) in a critically ill or injured patient regardless of patient age.

\_\_\_ I attest that this physician can provide high-quality care leading a trauma resuscitation in infants, children, and adults.

\_\_\_ I attest that this physician can provide high-quality care leading an adult medical resuscitation.

\_\_\_ I attest that this physician can provide high-quality care leading a pediatric resuscitation.

\_\_\_ I attest that this physician can provide high-quality care leading a resuscitation of the newly born.

**Interpersonal and Communication Skills**

\_\_\_ I attest that this physician effectively listens and communicates with patients and families.

**Professionalism**

\_\_\_ I attest that this physician had no disciplinary actions during residency and that if there were disciplinary actions, they were successfully remediated. (If NO, please explain in an attached letter)

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
Program Director Name (Printed)