

# DEPARTMENT OF UROLOGY

## VERIFICATION OF POST-GRADUATE MEDICAL EDUCATION

### DEPARTMENT INFORMATION

**Institution Name:**

University of Washington

**Email:**

urores@uw.edu

**Address:**

1959 NE Pacific St, Box 356510  
Seattle, WA 98195

**Phone:**

206-685-1982

### TRAINEE INFORMATION

**Full Name:**

**Other Names:**

**Date of Birth:**

**NPI:**

### PROGRAM INFORMATION

**Specialty:**

Urology Residency

**ACGME Accredited:**

Yes, program ID:

No

**Notes:**

Residents on the six-year research track complete one year of dedicated research that is not ACGME-accredited.

Effective July 2019, residents completed their internship as part of their Urology training.

Prior residents completed a discrete General Surgery internship. Please contact UW General Surgery Residency Manager Gina Coluccio at [coluccio@uw.edu](mailto:coluccio@uw.edu).

### TRAINING HISTORY

PGY	Start Date	End Date	Type	Successfully Completed?
1			Internship: <input type="checkbox"/> Gen Surgery <input type="checkbox"/> Urology	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Research <input type="checkbox"/> Chief Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No

3			<input type="checkbox"/> Residency <input type="checkbox"/> Research <input type="checkbox"/> Chief Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Residency <input type="checkbox"/> Research <input type="checkbox"/> Chief Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Residency <input type="checkbox"/> Research <input type="checkbox"/> Chief Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
6			<input type="checkbox"/> Residency <input type="checkbox"/> Research <input type="checkbox"/> Chief Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress

### EVALUATION

Sub-competency	No concerns	Some concerns	Unable to Evaluate
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-Based Learning and Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems-Based Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### UNUSUAL CIRCUMSTANCES

Did this person ever take a leave of absence or break from their training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this person ever placed on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this person ever disciplined or placed under investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this person suspended, not promoted, or dismissed from training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional comments for "some concerns" or "yes" answers above:

N/A

### ATTESTATION

The information provided on this form is based on:

- Direct observation
- Review of training records and evaluations

I recommend this resident:

Without reservation

With the following reservations: \_\_\_\_\_

Do not recommend, please contact urores@uw.edu for additional details.

Additional comments:

[Signature Block]

Mathew D. Sorensen, MD, MS, FACS  
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Associate Professor, Department of Urology  
University of Washington