

# Verification of Training Status with Specialty Boards

gme-adm-0034

## About This Policy

**Effective Dates:**

09-14-2016

**Last Updated:**

03-11-2026

**Responsible University Administrator:**

Senior Associate Dean for GME

**Policy Contact:**

GME Assistant Director Emilie Leveque

[eleveque@iu.edu](mailto:eleveque@iu.edu)

## Scope

This policy applies to all Graduate Medical Education (GME) trainees in programs sponsored by the Indiana University School of Medicine (IUSM), including ACGME-accredited and non-ACGME-accredited programs.

## Policy Statement

On an annual basis, the program director must complete the appropriate American Board of Medical Specialties (ABMS) tracking and evaluation form for each trainee, as required by the applicable specialty board.

## Reason For Policy

The purpose of this policy is to establish a clear and consistent process for verification by a program director or department chair of a trainee's:

- Satisfactory progression in training (active status) and
- Successful completion of all program requirements.

This policy ensures that verification decisions are documented appropriately, distinguish between progression and completion, and meet the requirements of the applicable specialty board, including ABMS documentation requirements when applicable.

## Procedure

Verification of **active training status** reflects that the trainee is enrolled in the program and is making satisfactory progress toward completion of training requirements during that academic year. Annual verification of active status does not constitute verification of successful program completion.

The program director has the final responsibility and authority to verify the individual trainee's:

1. **Satisfactory progression in training (active status);** and
2. **Successful completion of training (program completion).**

Verification that the individual served the prescribed number of years is not equivalent to verification of satisfactory progression or successful completion of training.

Upon completion of the program, the program director must provide a summative evaluation of each trainee. This evaluation must become part of the trainee's permanent record maintained by the institution and must be

accessible for review by the trainee in accordance with institutional policy (see ). The summative evaluation must document the trainee's performance during the final period of education and verify that the trainee has demonstrated sufficient competence to practice without supervision.

Verification of **successful program completion** must be completed within 30 days of satisfactorily completing all specialty training requirements as specified by the respective ABMS.

For programs that are not ACGME-accredited but that lead to eligibility for certification by an ABMS member board, the program director must ensure that all required documentation for the applicable ABMS board is completed accurately and submitted in accordance with that board's requirements and timelines.

#### **Lack of Progress within program:**

If a program director or department chair determines that a trainee is not making satisfactory progress and therefore cannot be verified in good standing in active training status, the trainee must be notified as early as possible according to the procedures outlined in the policy on . The notification must include:

- The basis for the determination,
- Supporting documentation, and
- A recommendation for remedial training, if appropriate.

If eligible for a grievance, refer to the policy on

## **Definitions**

*ACGME* is the Accreditation Council for Graduate Medical Education.

A *trainee* is an IUSM resident or fellow.

The *ABMS* is the American Board of Medical Specialties.

## **Implementation**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

## **Oversight**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

## **History**

1. Policy gme-adm-0034 approved by GMEC and published on 14 November 2012.
2. Policy reviewed, updated, and approved by GMEC on 14 September 2016.
3. Policy updated for formatting 05 March 2018.
4. Policy updated for formatting 27 June 2018.
5. Policy updated 11 March 2026.