

# Residency or Fellowship Training Verification Request

## **Step I – Requesting Organization**

Please fill in the name, address, phone and fax numbers of the organization and person making this request:

Requesting Individual's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax Numbers: \_\_\_\_\_

## **Step II – Requesting Verification for What Individual** Please complete *all* fields.

Name of the Individual: \_\_\_\_\_

Name of the Program completed: \_\_\_\_\_

Years of training in Requested Program: \_\_\_\_\_

If More than one Program, please list additional programs and training years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Step III – Payment**

Check

Please mail *checks* along with this form to:

### **Remember to attach:**

- 1) Release Authorization
- 2) Your own Verification Form (if needed)

*Updated: December 12<sup>th</sup>, 2024*