

VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING

Section I: Verification of training and performance during training (To be completed for EACH trainee)

Trainee's Full Name:

[Click here to enter text.](#)

DOB:

[Click here to enter text.](#)

NPI:

[Click here to enter text.](#)

Program Specialty or Subspecialty:

☐ Preliminary Program: [Click here to enter text.](#) Date From/To: [Click here to enter text.](#)

☐ Core Residency Program: [Click here to enter text.](#) Date From/To: [Click here to enter text.](#)

☐ Fellowship Program: [Click here to enter text.](#) Date From/To: [Click here to enter text.](#)

Training Program Accreditation: ☐ ACGME ☐ AOA ☐ Other

If marked "other," please indicate accreditation type or list "none:" [Click here to enter text.](#)

Program ID #: [Click here to enter text.](#)

Did the above-named trainee successfully complete the training program which she/he entered?

☐ Yes ☐ No

In addition to completion of full specialty training, completion of a transitional year or a planned preliminary year(s) would constitute completion of a program.

(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

Was the trainee subject to any of the following during training?

(i) Observation or probation; ☐ Yes ☐ No

(ii) Leave of absence/break from training; ☐ Yes ☐ No

(iii) Suspension; ☐ Yes ☐ No

(iv) Non-promotion/non-renewal; or ☐ Yes ☐ No

(v) Dismissal. ☐ Yes ☐ No

Upon completion of the training program, the individual was deemed to have demonstrated sufficient competence in the specialty/subspecialty to enter practice without direct supervision.

☐ Yes ☐ No ☐ N/A

(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

Did the program endorse this trainee as meeting the qualifications necessary for admission to the specialty's board certification examination? ☐ Yes ☐ No ☐ N/A

If NO, indicate the reason(s):

- ☐ This trainee was a preliminary resident.
- ☐ Trainee was not eligible for certification.
- ☐ Trainee involuntarily or voluntarily left this program before completion.*
- ☐ No certification is available for this subspecialty.
- ☐ Other.*

**Please provide an explanation in the "Additional Comments" section below or enclose a separate document.*

Section II: Additional Comments

Please utilize this comment area to provide additional information in response to any of the questions noted above on this form. *(If additional space is needed, please enclose a separate document.)*

Click here to enter text.

UNUSUAL CIRCUMSTANCES:

- 1.) Did this individual resign from training? ☐ Yes ☐ No
- 2.) Were any limitations or special requirements placed upon this individual for professionalism or behavioral issues? ☐ Yes ☐ No
- 3.) Did this individual ever receive a written warning or documented counseling about her/his behavior? ☐ Yes ☐ No

VERIFICATION OF PROFESSIONAL HISTORY

- 1.) Do you consider the applicant:
- a. Reliable? ☐ Yes ☐ No
- b. Ethical? ☐ Yes ☐ No
- c. Of good character? ☐ Yes ☐ No

- 2.) Please rate the applicant:

	Excellent	Good	Average	Poor
(a) Professional ability				
(b) Attention to duties				
(c) Breadth of education				
(d) Interpersonal Skills				

- 3.) Has applicant, to your knowledge, ever been guilty of:
- a. Fraud or dishonesty? ☐ Yes ☐ No
- b. Unprofessional conduct? ☐ Yes ☐ No
- 4.) To your knowledge, has the applicant ever:
- a. Been warned, censured, reprimanded, disciplined, had admissions monitored or privileges limited or suspended? ☐ Yes ☐ No
- b. Had disciplinary action taken against him/her by a licensing agency? ☐ Yes ☐ No
- c. Been denied or surrendered a federal or state controlled substance permit? ☐ Yes ☐ No
- d. Been arrested, fined, charged with or convicted of a crime, indicted imprisoned or placed on probation? ☐ Yes ☐ No
- e. Been a defendant in a legal action involving professional liability or had a professional liability claim paid in her/his behalf or paid such a claim her/himself? ☐ Yes ☐ No

Section III: Attestation

The information provided on this form is based on review of available training records and evaluations.

Signature:

Printed Name: [Click here to enter text.](#)

GME Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Date Form Completed: [Click here to enter text.](#)