

MD/DO/DPM LICENSURE
FAXED RESPONSES NOT ACCEPTED

VERIFICATION OF CLINICAL CLERKSHIPS

REQUIRED OF FOREIGN GRADUATES IF CLERKSHIPS SERVED IN COUNTRY OTHER THAN WHERE SCHOOL LOCATED.

This form must be completed showing only those clerkships taken in an institution in a country other than that in which the medical school is located. After June 30, 1988, clerkships taken in the US or Canada may only be served in institutions which conduct residencies approved by the Accreditation Council for Graduate Medical Education or the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association in the subject of the clerkship.

Clinical Area	Facility Name and Address	Dates (From/To)	Program Director	ACGME Accredited (Yes/No)

APPLICANT TO SIGN THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC

I hereby declare under penalty of perjury under the laws of the State of OREGON that the foregoing information is contained in this document and any attachments are true and correct.

Signature of Applicant	Print name	Date signed
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NOTARY PUBLIC TO COMPLETE THIS SECTION

Signed and sworn to before me this ____ day of _____ 200__

Signature of Notary Public _____ Affix Notary Seal

Notary for _____ Commission Expires _____

MEDICAL SCHOOL DEAN OR REGISTRAR TO COMPLETE THIS SECTION

Dean or Registrar (SIGN AND PRINT NAME HERE) being duly sworn, says he is the Dean/Registrar and that he has carefully read this form and that the statements made herein are strictly true in every respect.

Affix Medical School Seal