

**VERIFICATION OF INTERNSHIP, RESIDENCY, FELLOWSHIP TRAINING**

**INSTRUCTIONS TO APPLICANT:** Complete UPPER portion of form and mail directly to any hospital/institution where training has been served. Training hospital/institution is to complete LOWER portion of the form and return **DIRECTLY** to the OREGON BOARD.

\_\_\_\_\_  
**Last Name** **First Name** **Middle Name**

\_\_\_\_\_  
**Other names you have been known by**

\_\_\_\_\_  
**Date of Birth** **Social Security Number**

\_\_\_\_\_  
**Hospital/Institution name at the time of training** **From (mo/day/yr)** **To (mo/day/yr)**

I authorize the release of information, favorable or otherwise, from my postgraduate training program listed above, to the Oregon Medical Board.

☛ **Signature of Applicant** \_\_\_\_\_

**INSTRUCTIONS TO PROGRAM DIRECTOR:** Please complete this form, sign and return it to the Board at the above address in an institution envelope. **Please affix the seal of the hospital/institution.** If hospital/institution does not have a seal, please so indicate. **All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith.**

Training	Postgraduate Level of Training						Specialty Dept.	FROM mo/day/yr	TO mo/day/yr
	PG 1	PG 2	PG 3	PG 4	PG 5	PG 6			
Internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Unusual Circumstances:** The following apply to unusual circumstances that occurred during any part of the applicant's training. Please circle the appropriate response. **If you answer yes to any of these questions, please enclose an explanation on Page 2 of this form, and attach copies of any documentation.**

1. Did the applicant take any leaves of absence or breaks from his/her postgraduate training?  YES  NO
2. Was the applicant ever placed on probation, disciplined, or under investigation?  YES  NO
3. Were any negative reports ever filed by instructors regarding the applicant?  YES  NO
4. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence, disciplinary problems, or any other reason?  YES  NO
5. Were there any concerns regarding the applicant's moral and ethical character, or use or abuse of alcohol, narcotics, barbiturates, amphetamines and/or other drugs?  YES  NO
6. Were there any concerns regarding the applicant's judgment, medical knowledge, performance or emotional stability?  YES  NO

**Affix Institutional Seal Here**

\_\_\_\_\_  
 Program Director's Signature  
 \_\_\_\_\_  
 Print Name Date Signed / /  
 \_\_\_\_\_  
 Specialty Depart.  
 \_\_\_\_\_  
 Name of Hospital  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_

Use this page to provide an explanation to a “yes” response to any of the questions on page 1 of this Verification of Internship, Residency, Fellowship Training form.

**1. Did the applicant take any leaves of absence or breaks from his/her postgraduate training?**

**2. Was the applicant ever placed on probation, disciplined, or under investigation?**

**3. Were any negative reports ever filed by instructors regarding the applicant?**

**4. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence, disciplinary problems, or any other reason?**

**5. Were there any concerns regarding the applicant’s moral and ethical character, or use or abuse of alcohol, narcotics, barbiturates, amphetamines and/or other drugs?**

**6. Were there any concerns regarding the applicant’s judgment, medical knowledge, performance or emotional stability?**