

**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 Board of Medical Examiners.

**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
	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			
Internship	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			
Residency	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			
Residency	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			
Residency	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			
Residency	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			
Fellowship	<input type="checkbox"/> PG 1	<input type="checkbox"/> PG 2	<input type="checkbox"/> PG 3	<input type="checkbox"/> PG 4	<input type="checkbox"/> PG 5	<input type="checkbox"/> PG 6			

**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.**

- Did the applicant take any leaves of absence or breaks from his/her postgraduate training?  YES  NO
- Was the applicant ever placed on probation, disciplined, or under investigation?  YES  NO
- Were any negative reports ever filed by instructors regarding the applicant?  YES  NO
- Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence, disciplinary problems, or any other reason?  YES  NO
- 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
- 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?**