Applicant’s Name ______________________________________________________

Institution: __________________________ City/State ____________________________

Training Level:
(e.g. 1, 2, 3, etc.) Specialty/Subspecialty __________________________

From: / / To: / / Successfully Completed? □ YES □ NO □ IN PROGRESS

Accredited By: □ ACGME □ AOA □ LCGME □ RSC □ CFPC □ RCPSC □ APPAP □ None of these

Training Level:
(e.g. 1, 2, 3, etc.) Specialty/Subspecialty __________________________

From: / / To: / / Successfully Completed? □ YES □ NO □ IN PROGRESS

Accredited By: □ ACGME □ AOA □ LCGME □ RSC □ CFPC □ RCPSC □ APPAP □ None of these

Training Level:
(e.g. 1, 2, 3, etc.) Specialty/Subspecialty __________________________

From: / / To: / / Successfully Completed? □ YES □ NO □ IN PROGRESS

Accredited By: □ ACGME □ AOA □ LCGME □ RSC □ CFPC □ RCPSC □ APPAP □ None of these

1. Did this individual ever take a leave of absence or break from his/her training? □ YES □ NO
2. Was this individual ever placed on probation? □ YES □ NO
3. Was this individual ever disciplined or placed under investigation? □ YES □ NO
4. Were there any negative reports for behavioral reasons ever filed by instructors? □ YES □ NO
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? □ YES □ NO

Please explain any “YES” response from above: ____________________________________________________________

Completion of the following is certification that the information above is an accurate account of this individual’s records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: __________________________________________________________ Signature: ________________________________

Title of Signatory: __________________________ Date of Signature __________________________

Tel: __________________ Fax: __________________ E-Mail: __________________________

School Seal

If no seal is available, this form must be notarized

Notary Public: __________________________

Commission #: __________________________

My commission expires: __________________________