

**Verification of Professional School Training**

**Instructions to Applicant:**

1. Please complete Section I & II (make sure you include the address of your department in Section III).
2. Please forward this form to the professional schools(s) you have attended: school will complete Section II.
3. Be sure to include any fee the school may require

**Section I: To be Completed by Applicant**

\_\_\_\_\_  
Last Name, First Name      Middle

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Professional School Attended** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Degree Awarded:** \_\_\_\_\_

\_\_\_\_\_  
Last Name, First Name

**Section II: To be Completed by School**

**Instructions to School: Please complete this section, sign the certifying statement and return to the address indicated below.**

\_\_\_\_\_ was accepted to  
(Name)

\_\_\_\_\_ on \_\_\_\_\_  
(Name of Professional School) (Month/day/year)

and was awarded the degree of \_\_\_\_\_ on \_\_\_\_\_  
(Month/day/year)

\_\_\_\_\_  
Signature, School Official

\_\_\_\_\_  
Printed Name, School Official

**PLEASE DO NOT COMPLETE UNTIL DEGREE REQUIREMENTS ARE FULFILLED**

Official Seal

**Section III : Forwarding Information ( to be completed by applicant)**

Forward completed form to:

New York –Presbyterian Hospital  
Graduate Medical Education Office  
525 East 68<sup>th</sup> Street, Box #312  
New York, NY, 10065