



# Verification of Medical Education

## MD/DO/DPM Licensure

Revised 02/2015

**INSTRUCTIONS TO APPLICANT:** Complete UPPER portion of form and send directly to the Dean of the medical, osteopathic, or podiatric school. School is to complete LOWER portion of the form and return **DIRECTLY** to the OREGON MEDICAL BOARD. The Dean shall also include a Dean's Letter of Recommendation with narrative comments concerning performance as a medical student.

|                                    |   |  |
|------------------------------------|---|--|
| Last Name                          | First Name                                    | Middle Name  |
| Other Names you have been known by |   |  |
| Date of Birth<br>(mm/dd/yy)        | Last 4 Digits of<br>Social Security<br>Number | Attendance<br>FROM (mm/dd/yy)      Attendance<br>TO (mm/dd/yy) |

I authorize the release of any information, favorable or otherwise regarding myself to the Oregon Medical Board. By signing this document, I release the program and its representatives of liability for providing information to the Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS TO SCHOOL:** Please complete this form, sign and return it to the Board at the address below in an institution envelope. Please also include a Dean's Letter of Recommendation, written during medical school, to include narrative comments concerning performance as a medical student. Faxed responses will NOT be accepted.

|  |   |  |
|--|---|--|
| Name of Applicant (First, Middle, Last)                  | Date of Degree<br>(mm/dd/yy)  | Degree Obtained:<br><input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Was school accredited by the Liaison Committee of Medical Education, the American Osteopathic Association, or the Committee on the Accreditation of the Canadian Medical Schools at the time the applicant graduated? |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | If no, did the applicant complete all courses by physical on-site attendance?   |  |

| Dates of Attendance<br>(Show month/day/year<br>for all dates) | FROM (mm/dd/yy)      | TO (mm/dd/yy) | FROM (mm/dd/yy)      | TO (mm/dd/yy) |
|---|----------------------|---------------|----------------------|---------------|
|   | 1 <sup>st</sup> year |               | 5 <sup>th</sup> year |               |
|   | 2 <sup>nd</sup> year |               | 6 <sup>th</sup> year |               |
|   | 3 <sup>rd</sup> year |               | 7 <sup>th</sup> year |               |
|   | 4 <sup>th</sup> year |               | 8 <sup>th</sup> year |               |

| TRANSFER STUDENT |               |                           |
|------------------|---------------|---------------------------|
| FROM (mm/dd/yy)  | TO (mm/dd/yy) | Name of School & Location |
|                  |               |                           |
|                  |               |                           |
|                  |               |                           |

| LEAVE OF ABSENCE/REPEATED YEAR(S) |               |                   |
|-----------------------------------|---------------|-------------------|
| FROM (mm/dd/yy)                   | TO (mm/dd/yy) | Dates & Reason(s) |
|                                   |               |                   |
|                                   |               |                   |
|                                   |               |                   |

Signature of Official \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Name of School at TIME OF GRADUATION \_\_\_\_\_

Name of School at PRESENT TIME \_\_\_\_\_

Mailing Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Affix School Seal Here