

**VERIFICATION OF CLINICAL CLERKSHIPS  
 INTERNATIONAL MEDICAL SCHOOL GRADUATES ONLY**

**CHECK ONE:**

ALL CLERKSHIPS WERE SERVED IN COUNTRY WHERE MEDICAL SCHOOL IS LOCATED. Sign form below and return to Oregon Board.

OR

CLERKSHIPS WERE SERVED IN COUNTRY OTHER THAN WHERE MEDICAL SCHOOL IS LOCATED. Fill out clerkship information, sign form below, send copy of form to Oregon Board, and forward original to medical school for verification.

This form must be completed showing only those clerkships taken in an institution in a country other than that in which the medical school is located. After June 30, 1988, clerkships taken in the US or Canada may only be served in institutions which conduct residencies in the subject of the clerkship approved by the Accreditation Council for Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association.

Clinical Area	Facility Name and Address	Dates (From/To)	Program Director	ACGME Accredited (Yes/No)

**APPLICANT TO SIGN THIS STATEMENT**

*I hereby declare under penalty of perjury under the laws of the State of OREGON that the foregoing information contained in this document and any attachments are true and correct.*

Signature of Applicant _____	Print name _____	Date signed _____
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**MEDICAL SCHOOL DEAN OR REGISTRAR TO COMPLETE THIS SECTION**

*By signing below, being duly sworn, I say I am the Dean/Registrar and that I have carefully read this form and that the statements made herein are strictly true in every respect.*

Signature of Dean or Registrar \_\_\_\_\_ Date \_\_\_\_\_

Name of Dean or Registrar (PRINTED) \_\_\_\_\_

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

Name of school at PRESENT TIME \_\_\_\_\_

Full Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

