

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO APPLICANT: Applicant to complete the UPPER portion and forward it to the Dean of the medical, osteopathic, podiatric school for completion by the school and sent directly to the OREGON 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 Social Security No. Dates of Attendance (FROM-TO)

This is your authorization to release any information in your files, favorable or otherwise regarding myself, to the OREGON MEDICAL BOARD.

 Signature

**ATTACH A
 CURRENT
 PHOTOGRAPH
 HERE FOR
 IDENTIFICATION
 PURPOSES**

SCHOOL OF GRADUATION TO COMPLETE FORM AND RETURN TO OREGON BOARD

In addition to this Verification of Medical Education, a Dean's Letter of Recommendation, written during medical school, to include narrative comments concerning performance as a student, is also required.

 Name of Applicant (First, Middle, Last) Date of Degree Degree Obtained (MD/DO/DPM)

- YES 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?
- YES NO If no, did the applicant complete all courses by physical on-site attendance?

Dates of Attendance (Show month/day/year for all dates)					
1 st Year	From	To	5th Year	From	To
2nd Year	From	To	6th Year	From	To
3 rd Year	From	To	7th Year	From	To
4 th Year	From	To	8th Year	From	To

TRANSFER STUDENT (Show name/location of school attended)			
1 st Year	From	To	Name of School/Location
2nd Year	From	To	Name of School/Location
3 rd Year	From	To	Name of School/Location

LEAVE OF ABSENCE/REPEATED YEAR(S) (Indicate dates and reason(s))			
1st Year	From	To	Dates/Reason(s)
2 nd Year	From	To	Dates/Reason(s)
3rd Year	From	To	Dates/Reason(s)

Signature of Official _____
 Name of Official (PRINTED) _____
 Name of school at TIME OF GRADUATION _____
 Name of school at PRESENT TIME _____
 Full Street Address _____
 City _____ State _____ Zip _____ Date _____ Phone _____

Affix School Seal Here