VOLUNTEER EMERITUS

MD/DO/DPM LICENSURE
FAXED RESPONSES NOT ACCEPTED

OREGON BOARD OF MEDICAL EXAMINERS
1500 SW 1st Avenue, #620
Portland, OR 97201-5847
(971) 673-2700 (8:00 AM – 5 PM)

VERIFICATION OF CLINICAL CLERKSHIPS

REQUIRED OF FOREIGN GRADUATES IF CLERKSHIPS SERVED IN COUNTRY OTHER THAN WHERE SCHOOL LOCATED.

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 approved by the Accreditation Council for Graduate Medical Education or the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association in the subject of the clerkship.

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

APPLICANT TO SIGN THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC

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

_____

☛Signature of Applicant **Print name** **Date signed**

NOTARY PUBLIC TO COMPLETE THIS SECTION

Signed and sworn to before me this _____day of _____200___

☛Signature of Notary Public_____Affix Notary Seal

Notary for_____Commission Expires_____

MEDICAL SCHOOL DEAN OR REGISTRAR TO COMPLETE THIS SECTION

_____being duly sworn, says he is the Dean/Registrar and that he has carefully read this form
Dean or Registrar (SIGN AND PRINT NAME HERE) and that the statements made herein are strictly true in every respect.

Affix Medical School Seal