



«FacilityName»  
FacilityAddress

**EDUCATION VERIFICATION**

August 2, 2023

«RS\_Name»  
«RS\_Address» «RS\_Address2»  
«RS\_City», «RS\_State» «RS\_Zip»

PHONE: «RS\_Telephone» FAX: «RS\_Fax»

RE: «FormalNameWithDegree» DOB: «BirthDate»  
SSN: «SSN»

Dear Sir/Madam:

The practitioner listed above has applied for appointment to our facility.

Before we can process this application further, we require verification or completion of the following information regarding the applicant's training at your institution:

Type of Degree/Residency/Fellowship/Internship: \_\_\_\_\_

Inclusive Date of Attendance: \_\_\_\_\_ To \_\_\_\_\_

Completed in good standing: Yes \_\_\_\_\_ No \_\_\_\_\_

Was the practitioner ever subject to disciplinary proceedings or action at your facility? Yes\* \_\_\_\_ No \_\_\_\_

Verified by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*If applicable, on a separate sheet of paper, please indicate any sanctions or disciplinary actions taken against the practitioner during training, as well as any other pertinent information that would assist us in considering the applicant's appointment to our facility. A signed release is attached. «Image:File\_REL»

Respectfully,

«UserFullName»  
Medical Staff Professional  
Medical Staff Office