

MEDICAL/ DENTAL INTERNSHIP/RESIDENCY/FELLOWSHIP VERIFICATIONS

The Graduate Medical Education Office will confirm and issue internship, residency and fellowship verifications for all graduates of a New Jersey Medical School or University Hospital sponsored program.

In order to expedite your request, please submit the following information to the address indicated below. **WE CANNOT PROVIDE VERIFICATIONS OVER THE PHONE. Please note, a nominal service fee of \$30.00 is assessed to cover the costs associated with archival and retrieval of information.**

PLEASE NOTE:

- Rutgers is comprised of two medical schools. Verifications can only be completed for the NEW JERSEY MEDICAL SCHOOL or UNIVERSITY HOSPITAL program graduates. Physicians who did not train at a Newark based program should contact Robert Wood Johnson Medical School (732) 235-3383 or the School of Osteopathic Medicine at Rowan University.
- Verification requests for physicians who completed a program within the last ten years will be forwarded to and completed by the Department for processing. Requests received indicating program completion beyond ten years will be completed by the Graduate Medical Education Office.

REQUEST PROCEDURE:

1. Provide a written request (a request form is included but not required to submit a verification) that includes:
 - a. Name of the verification candidate (first, middle and last name)
 - b. Social security number
 - c. Program(s) identified for verification
 - d. Start and end dates of training (month/year)
 - e. Identify the recipient of the verification and a method of notification (include a fax number if you wish for the verification to be faxed or a self-addressed envelope if you wish to be notified by mail). We cannot fax to international (outside of the continental US) numbers
 - f. Please include all other verifying information required in a separate page (i.e. performance evaluations for specific rotations etc.)
2. Provide a signed (by the candidate) release form authorizing the release of information (a template is provided).
3. Include a money order or check in the amount of \$30.00 payable to Rutgers/GME
NOTE: Your money order/check must accompany your request for prompt service. Your verification will not be released prior to receipt of the money order/check. If our verification confirms your candidate did not attend our program your money order/check will not be cashed and will be returned.

4. Send your completed request, release authorization and money order/check to:

NJMS-Graduate Medical Education
Attention: Verification Request
F I Í Ú[~ c@U!a * ^ ^É^
ÚÓÓÍ JI
Newark, New Jersey 07107

Please allow 7-10 business days for completion. You may contact the Graduate Medical Education Office by phone at (973) 972-6049.

INTERNSHIP/RESIDENCY/FELLOWSHIP VERIFICATION REQUEST FORM

(Please print or type)

Physician Information:

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Program(s) Completed: _____

Training Years (month/year): _____

Requestor Information:

First Name: _____

Last Name: _____

Check all that apply:

Please fax the request to the following number _____

Please mail the request to the following address:

VERIFICATION RELEASE FORM
(To be completed by physician)

I hereby authorize Rutgers New Jersey Medical School to release any and all verifying information requested by _____ (name of institution) in connection with evaluating my credentials (i.e. professional competence, ethics, character and other qualifications as deemed necessary). I hereby hold harmless The State of New Jersey, Rutgers, The State University of New Jersey, its employees and agents from any and all liability or damages which might arise as a result of the release of this information.

A photostatic copy of this page constitutes written authorization to release information as requested by the institution identified above.

Signature

Date