

MEDICAL/ DENTAL INTERNSHIP/RESIDENCY/FELLOWSHIP VERIFICATIONS

Each residency & fellowship program will confirm and issue internship, residency and/or fellowship verifications for graduates of their respective program sponsored by New Jersey Medical School (NJMS) or University Hospital (UH).

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. Please contact Robert Wood Johnson Medical School- (732) 235-3381 for RWJ graduates.
- Fifth Pathway verifications are completed by Robert Wood Johnson Medical School- (732) 235-3381
- Verification requests for physicians received in the Graduate Medical Education (GME) Office will be forwarded to and completed by the respective Department - DO NOT SEND A CHECK UNTIL YOU ARE CONTACTED BY THE PROGRAM. (Only requests for verifications in Family Medicine will be completed by the Graduate Medical Education Office as this program is no longer sponsored.)
- Verifications completed by the **GME Office will only verify training dates**. No additional information regarding performance, evaluations or leaves of absence is available in the GME file. Verifications completed by the respective Department will also verify training dates. When additional information is available, the Department may be able to provide information regarding performance, evaluations or leaves of absences. This is generally the case for recent graduates.

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
2. Provide a signed (by the candidate) release form authorizing the release of information (a template is provided).
3. Send your completed request and release authorization to:

NJMS-Graduate Medical Education
Attention: Verification Request
185 South Orange Avenue
MSB C 594
Newark, New Jersey 07107
4. A money order or check in the amount of \$35.00 will be required to process the verification. It should be payable to the Department completing the verification. DO NOT SEND A CHECK UNTIL YOU ARE CONTACTED BY THE GME OFFICE OR DEPARTMENT/PROGRAM.
NOTE: If our verification confirms your candidate did not attend our program your money order/check will not be cashed and will be returned.

Please allow 10-14 business days for completion; additional time may be necessary to process documents that require the Program Director's signature. You may contact the Graduate Medical Education Office by phone at (973) 972-3106.

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: _____

Ph. Number (to contact with questions): _____

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

PROGRAM COORDINATOR CONTACT LIST

Program	Coordinator	Phone	Fax	Address
Allergy & Immunology	Proano, Candy	2-6111	2-6228	UH I 354C
Anesthesia	Chappelle, Lisa	2-0470	2-0582	MSB E 538 B
Anesthesia (Pain Management)	Chappelle, Lisa	2-0470	2-0582	MSB E 538 B
Cardiovascular Disease	DeJesus, Diana	2-5291	2-1592	MSB I 538
Child Psychiatry	Morris, Sheila	2-1048	2-0870	BHSB E 1452
Dentistry (General)	Flournoy, Daime	2-0499	2-1926	DENT D 881
Dentistry (Pediatric)	Barrett-McBurrows, Tonka	2-4621	2-7179	NJDC-C723
Dermatology	Hesselbirg, Linda D	2-6255	2-5877	MSB H 576
Diagnostic Radiology	Robles, Anny	2-5188	2-7149	UH C 318 A
Emergency Medicine	Hughes, Eleanor A	2-9261	2-9268	MSB E 609
Endocrinology	Taylor, Marsha L	2-3479	2-5185	MSB I 588
Gastroenterology	Romero, Vivian	2-4100	2-3578	MSB I 524
Geriatrics	Arora, Neena	(551) 996-1131	(551) 996-0543	Hack
Hepatology	Romero, Vivian	2-4100	2-3578	MSB I 524
Infectious Disease	Wade, Lisa	2-7837	2-1141	MSB I 689
Internal Medicine	Goral De Lucia, Linda	2-6056	2-3129	UH I 248
Internal Medicine	Mansfield, Jeannine	2-2449	2-3129	UH I 248
Interventional Cardiology	DeJesus, Diana	2-5291	2-1592	MSB I 538
Maternal Fetal	Crawford, Patricia	2-5554	2-4574	MSB E 506
Nephrology/Hypertension	Romero, Vivian	2-4100	2-3578	MSB I 524
Neurology	Delarosa, Gina	2-5209	2-5059	DOC 5200
Neurology (Child)	Delarosa, Gina	2-5209	2-5059	DOC 5200
Neurology Vascular	Delarosa, Gina	2-5209	2-5059	DOC 5200
Neurosurgery	Reynoso-Mercado, Lori	2-1164	2-2333	DOB 8200
Neurosurgery Endovascular	Reynoso-Mercado, Lori	2-1164	2-2333	DOB 8200
Obstetrics and Gynecology	Shelton, Gloria	2-3574	2-4574	MSB E 506
Ophthalmology	Niedzinski, Susan	2-2063	2-2068	DOC 6153
Oral & Maxillofacial Surgery	Wesley, Kisha Nicole	2-3126	2-7322	DENT B 854
Ortho Hand Surgery	Clark, Lori	2-3860	2-1080	DOC 7300
Ortho Musculoskeletal Oncology	Savage, Paul	2-7540	2-1080	DOC 7300
Ortho Trauma	Clark, Lori	2-3860	2-1080	DOC 7300
Orthopaedic Surgery	Clark, Lori	2-3860	2-1080	DOC 7300
Otolaryngology	Gutierrez, Stephanie	2-6448	2-3767	DOC 8100
Pathology Anatomic & Clinical	Jones, Amy	2-5722	2-1253	UH E 155
Pediatrics	Lopez, Teresa	2-0740	2-1019	MSB F 603
Pediatrics	Valencia, Odie	2-6015	2-1019	MSB F 603
Plastic and Reconstructive Surgery	Stolar, Amy B	2-5377	2-8268	ACC E 1620
PM&R	Muhammad-Banks, Doreen	2-3606	2-7199	DOC 3200
PM&R Musculoskeletal Medicine	Dasilva, Brian	2-7085	2-7199	DOC 3200
PM&R Pediatric Rehab	Muhammad-Banks, Doreen	2-3606	2-7199	DOC 3200
PM&R Spinal Cord Injury	Muhammad-Banks, Doreen	2-3606	2-7199	DOC 3200
PM&R Traumatic Brain Injury	Muhammad-Banks, Doreen	2-3606	2-7199	DOC 3200
Podiatry	Cruz, Aleisha	2-5088	2-3735	UH G 147
Preventative Medicine	Wade, Lisa	2-7837	2-1141	MSB I 689
Psychiatry	Morris, Sheila	2-4670	2-0870	BHSB E 1452
Pulmonary and Critical Care	Proano, Candy	2-6111	2-6228	UH I 354C
Reproductive Endocrinology	Crawford, Patricia	2-5554	2-4574	MSB E 506
Rhinology Endoscopy Based Surgery	Brendle, Sandra	2-3295	2-3767	DOC 8100
Surgery (General)	Rosania, Krystina F	2-5682	2-0092	UH F 102
Surgery (Trauma/Critical Care)	Chan, Alexis	2-4759	2-6803	MSB G 509
Surgery (Vascular)	Soto, Cynthia	2-9573	2-3892	ACC G 1680
Urology	Mitchell-Scruggs, Shaniqua	2-4418	2-3892	ACC G 1680