

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 for RWJ graduates and for Fifth Pathway verifications (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 via fax at 973-972-2229 or by mail to:

NJMS-Graduate Medical Education
Attention: Verification Request
185 South Orange Avenue, MSB C-595
Newark, New Jersey 07103
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) 972-6049 or the Program Coordinator at the phone number listed on the attached list.

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	Phone	Fax	Address
Addiction medicine	Williams, Sherry	2-2280	2-0870	BHSB F 1524
Allergy & Immunology	Reyes, 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	2-4731	2-1592	MSB I 538
Dentistry (General)	Flournoy, Daime	2-0499	2-1926	DENT D 881
Dentistry (Pediatric)	Barrett-McBurrows, Tonka	2-4621	2-7179	NJDC-C723
Diagnostic Radiology	Robles, Anny	2-6025	2-7429	MSB F 508b
Emergency Medicine	Hughes, Eleanor A	2-9261	2-9268	MSB E 609
Endocrinology	Romero, Vivian	2-4100	2-3578	MSB I 524
Gastroenterology	Lubaszka, Natalie	2-5252	2-3144	MSB H 538
Geriatrics	Anti-Ampratwum, Jennifer	2-2449	2-3129	UH I 248
Hepatology	Nicholson, Natasha	2-6056	2-3129	UH I 248
Infectious Disease	Wade, Lisa	2-7837	2-1141	MSB I 689
Internal Medicine	Anti-Ampratwum, Jennifer	2-2449	2-3129	UH I 248
Internal Medicine	Nicholson, Natasha	2-6056	2-3129	UH I 248
Internal Medicine/Pediatrics	Nicholson, Natasha	2-6056	2-3129	UH I 248
Interventional Cardiology	Goral De Lucia, Linda	(551)996-4135		Hack
Medical Toxicology	Pedretti, Deborah	2-7675		
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	Meadows, Fatima	2-1164	2-2333	DOB 8200
Neurosurgery Endovascular	Meadows, Fatima	2-1164	2-2333	DOB 8100
Obstetrics and Gynecology	Crawford, Patricia	2-3574	2-4574	MSB E 506
OB - Maternal Fetal	Marquez, Katherine	2-5554	2-4574	MSB E 506
OB - Reproductive Endocrinology	Marquez, Katherine	2-5554	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	Smith, Monique	2-3860	2-9367	ACC D 1761
Ortho Musculoskeletal Oncology	Smith, Monique	2-3860	2-9367	ACC D 1761
Ortho Trauma	Smith, Monique	2-3860	2-9367	ACC D 1761
Orthopaedic Surgery	Smith, Monique	2-3860	2-9367	ACC D 1761
Otolaryngology	Ruiz, Areliz	2-6448	2-3767	DOC 8100
Pathology Anatomic & Clinical	Jones, Amy	2-5722	2-1253	UH E 155
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	2-2809	2-7199	DOC 3200
PM&R Traumatic Brain Injury	Muhammad-Banks, Doreen	2-3606	2-7199	DOC 3200
Podiatry	Chiodo, Aleisha	2-5088	2-3735	UH G 142
Preventive Medicine	Wade, Lisa	2-7837	2-1141	MSB I 689
Psychiatry	Morris, Sheila	2-4670	2-0870	BHSB E 1452
Pulmonary and Critical Care	Reyes, Candy	2-6111	2-6228	UH I 354C
Rheumatology	Reyes, Candy	2-6111	2-6228	UH I 354C
Rhinology Endoscopy Based Surgery	Ruiz, Areliz	2-6448	2-3767	DOC 8100
Surgery (General)	Savage, Paul	2-5682	2-0092	MSB G 532
Surgery (General)	Vetrecin, Linda	2-5018	2-7425	MSB G 538
Surgery (Trauma/Critical Care)	Johnson, Conrad	2-4759	2-6803	UH Trauma Mezz
Surgery (Vascular)	Soto, Cynthia	2-9573	2-3892	ACC G 1680
Urology	Mitchell-Scruggs, Shaniqua	2-4418	2-3892	ACC G 1680