ATTACHMENT 2

TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION

(800) 778-4123, ext. 532-4384 or (615) 532-3202, ext. 532-4384 www.tennessee.gov

VERIFICATION OF POST GRADUATE MEDICAL TRAINING

APPLICANT: Provide the information requested in the top box and then mail this form to each institution in which you received any postgraduate medical training. If additional forms are required copy this one.

Institution Administration: I am applying for a Tennessee osteopathic license and hereby authorize you to release any and all information in your files concerning my medical training. I was in training at your institution as follows:			
Applicant's name:(Last)	(First)	(Middle	/Maiden)
Name of Institution:	Program Title:		
*			
Applicant's Signature		Date	
ADMINISTRATIVE OFFICE OF TRAINING INSTITUTION. NOTE: THIS FORM MUST BE NOTARIZED.			
Please complete and return to:	Tennessee Board of Os 665 Mainstream Drive Nashville, TN 37243	steopathic Examination	YES NO
Is your training program AOA or ACGME approved?			-
Was the above program AOA or ACGME approved at the time the applicant completed training?			
Were there any adverse charges or actions taken during the residency? If yes, please attach supporting information and/or documentation.			
Would you recommend the applicant for license?			
Did the applicant successfully complete the program?			
The Applicant attended the program this form is true and correct.	from to	(Mo/Yr)	the information on
Director/Dean's Signature		Date	
Subscribed and sworn before me this	s the day of		
Notary Pu			Seal Here)