



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 State Board of Medical Examiners  
 P.O. Box 183  
 Trenton, New Jersey 08625  
 (609) 826-7100

## Verification of Postgraduate Training Form

Applicant's name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital address: \_\_\_\_\_  
Street City State Zip Code Country

Hospital telephone number: \_\_\_\_\_  
Include area code

1. In what type and level(s) of training did this physician participate at your facility? Check each level in which this physician participated. Provide starting and ending dates of training, type of training and whether credit was awarded.

	Dates (Month/Year)	Specialty	Credit		
			None	Partial	Full
PGY 1					
PGY 2					
PGY 3					
PGY 4					
Fellowship					
Other					

2. Was the residency/fellowship accredited by A.C.G.M.E. or A.O.A.?  Yes  No
3. Was the physician placed on probation, suspended or in any way sanctioned/disciplined or placed under investigation while at your facility?  Yes  No
4. Was the physician granted a leave of absence or break from his/her training?  Yes  No
5. Were any restrictions placed on this physician's activities that were not placed on all other residents/fellows at his/her level of training?  Yes  No
6. Were any formal patient or staff complaints filed against this physician?  Yes  No
7. Were any malpractice actions filed naming this physician as a defendant that involved his/her period of training at your facility?  Yes  No

If you answered "Yes" to any one of questions 3-7, please attach an explanation, and sign and date the attachment. Also, please attach any additional comments or information that the Board should consider prior to determining this applicant's eligibility for licensure.

\_\_\_\_\_  
Print Name of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director

Please return directly to: **State Board of Medical Examiners**  
**P.O. Box 183**  
**Trenton, New Jersey 08625-0183**



If the hospital does not have a seal, a letter attesting to this fact, on hospital stationary, must accompany this certificate.