North Carolina Medical Board - Postgraduate Training Verification Form

The institution should email completed forms to license@ncmedboard.org.

Full Name: _____ **DOB:** _____

Institution: | **Affiliated University:**

Program Participation:

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the 'To' field.

Copies of this form can be made if necessary.

PGY: ☐

☐ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship

Specialty/Subspecialty:

From: **To:**

Successfully Completed: ☐ Yes ☐ No ☐ In Progress

Accredited By: ☐ ACGME ☐ AOA ☐ CFPC ☐ RCPSC

Other:

PGY: ☐

☐ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship

Specialty/Subspecialty:

From: **To:**

Successfully Completed: ☐ Yes ☐ No ☐ In Progress

Accredited By: ☐ ACGME ☐ AOA ☐ CFPC ☐ RCPSC

Other:

Unusual Circumstances: Circle the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1) Did this individual ever take a leave of absence or break from his/her training?	☐ Yes	☐ No
2) Was this individual ever placed on probation?	☐ Yes	☐ No
3) Was this individual ever disciplined or placed under investigation?	☐ Yes	☐ No
4) Were any negative reports for behavioral reasons ever filed by instructors?	☐ Yes	☐ No
5) Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?	☐ Yes	☐ No

Please explain any 'Yes' responses above and provide all documentation in your possession related to all Unusual Circumstances questions with a "yes" answer. This should include, and not be limited to, all letters sent to the individual related to all "yes" answers and all other documents in your possession to all "yes' answers.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the signature of the program director (MD/DO only).

Program Director Name: _____ Title: _____

Signature: _____

Email address: Date: