

## North Carolina Medical Board - Postgraduate Training Verification Form

Email completed forms to: [license@ncmedboard.org](mailto:license@ncmedboard.org)

Full Name: _____		DOB: _____	
SSN: _____		Affiliated University: _____	
<b>Program Participation:</b>  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.  <b>Copies of this form can be made if necessary.</b>	<b>PGY:</b> _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship	<b>Specialty/Subspecialty:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Successfully Completed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <b>Accredited By:</b> <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> CFPC <input type="checkbox"/> RCPS Other: _____	
	<b>PGY:</b> _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship	<b>Specialty/Subspecialty:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Successfully Completed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <b>Accredited By:</b> <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> CFPC <input type="checkbox"/> RCPS Other: _____	
<b>Unusual Circumstances:</b>  Circle the correct response. Omitted responses require written explanation.  If necessary, you may continue your explanation on a separate sheet of paper.	<b>1) Did this individual ever take a leave of absence or break from his/her training?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>2) Was this individual ever placed on probation?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>3) Was this individual ever disciplined or placed under investigation?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>4) Were any negative reports for behavioral reasons ever filed by instructors?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>5) Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	
Email Address: _____		Date: _____	