

**VERIFICATION OF EDUCATION**

**INSTRUCTIONS:** 1. Applicant to complete UPPER portion of form and forward (via fax or mail) to educational institution. 2. The Dean is to complete LOWER portion of form and submit it to the Board in an envelope with Institution's return address printed on it. **THIS FORM WILL NOT BE ACCEPTED IF IT APPEARS TO BE RETURNED BY THE APPLICANT OR IF THE APPLICANT HAS WRITTEN IN THE LOWER PORTION OF THE FORM.**


Student's Last Name First Name Middle Name Social Security #

Student's Former Name, If Different at the Time of Attendance Student's Date of Birth

ATTN: Program Director/Dean of Institution Name of Institution

Institution's Address City State Zip Code

I authorize the release of all pertinent information, favorable or otherwise, to the Oregon Medical Board.

 **Signature of Applicant** \_\_\_\_\_

**TO DEAN:** Please complete and sign section below. Return this form to the Board at the above address in an envelope with your return address printed on it. **Please do not fax.**

Dates of Attendance **FROM** Month:\_\_\_\_ Day:\_\_\_\_ Year:\_\_\_\_ **TO** Month:\_\_\_\_ Day:\_\_\_\_ Year:\_\_\_\_

Diploma Issue Date: \_\_\_\_\_

1	Was the student ever restricted, suspended, terminated, requested to voluntarily resign, placed on probation, and/or subject to formal disciplinary action?	<input type="checkbox"/> <b>YES*</b>
		<input type="checkbox"/> NO
2	Were there any concerns regarding the student's judgment, knowledge base, and/or emotional stability?	<input type="checkbox"/> <b>YES*</b>
		<input type="checkbox"/> NO
3	Were there any concerns regarding abuse of alcohol, narcotics, barbiturates, amphetamines, and/or other drugs?	<input type="checkbox"/> <b>YES*</b>
		<input type="checkbox"/> NO
4	Were there any concerns regarding the student's moral and ethical character?	<input type="checkbox"/> <b>YES*</b>
		<input type="checkbox"/> NO

**\*For a "yes" response to questions use page 2 for explanation**

**(Affix official seal above, if applicable)**

School Official's Signature	Date Signed / /
Printed Name of School Official Completing this Form	
School Official's Title	
Name of Educational Institution	
Mailing Address	
City	State Zip Phone # ( )

Use this page to provide an explanation to a “yes” response to questions on page 1 of this form. If there is any supporting documentation, please submit this with this form. If more space is needed, please submit a letter to the Board.

1. Was the student ever restricted, suspended, terminated, requested to voluntarily resign, placed on probation, and/or been subject to formal disciplinary action?

2. Were there any concerns regarding the student’s judgment, knowledge base, emotional stability?

3. Were there any concerns regarding abuse of alcohol, narcotics, barbiturates, amphetamines, and/or other drugs?

4. Were there any concerns regarding the student’s moral and ethical character?