

# Medical School Education Verification Request

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Letter and response form for a medical or professional school's registrar, student affairs or dean's office. Attach the graduate's signed authorization and release (many schools require it under FERPA).

**GENERAL TEMPLATE — NOT LEGAL ADVICE.** This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

|                                            |  |
|--------------------------------------------|--|
| Date of request                            |  |
| To (Registrar / Office of Student Affairs) |  |
| Address / fax / secure email or portal     |  |
| From (organization)                        |  |
| Contact name, title                        |  |
| Phone / email for response                 |  |
| Our reference #                            |  |
| Please respond by (date)                   |  |

The graduate named below has applied for appointment, privileges or participation with our organization and lists your school as their medical or professional school. A signed authorization and release is attached. Please complete and return it to the contact above.

If your school uses a third-party verification service, please let us know which one.

## Part 1 — Graduate (completed by requesting organization)

|                                                      |  |
|------------------------------------------------------|--|
| Full name at time of attendance                      |  |
| Other / former names                                 |  |
| Date of birth (if required by school)                |  |
| Student ID (if known)                                |  |
| Degree reported (e.g., MD, DO, DDS, PharmD, PA, MSN) |  |
| Attendance dates reported (MM/YY – MM/YY)            |  |
| Graduation date reported                             |  |

## Part 2 — Education details (completed by school)

|                                                                      |  |
|----------------------------------------------------------------------|--|
| Dates of attendance (MM/YY - MM/YY)                                  |  |
| Degree conferred                                                     |  |
| Date degree conferred                                                |  |
| Program / track (e.g., combined degree, campus or teaching location) |  |
| Was the program accredited at the time? (accreditor name)            |  |

## Part 3 — Academic and professional conduct

| Question                                                                                    | Yes                      | No / details             |
|---------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did the graduate attend continuously, without leaves of absence or extended time?           | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the graduate ever placed on academic or professional probation, suspended or dismissed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any disciplinary actions taken (e.g., professionalism or conduct)?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the graduate repeat any year or course?                                                 | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "No" to the first question or "Yes" to any other, please give dates and details, or tell us whom to contact.

|                               |  |
|-------------------------------|--|
| Explanation / whom to contact |  |
|-------------------------------|--|

## Completed by (responding organization)

|                                                |  |
|------------------------------------------------|--|
| Name                                           |  |
| Title                                          |  |
| Organization / department                      |  |
| Phone / email                                  |  |
| Signature                                      |  |
| Date completed                                 |  |
| Source used (e.g., official records, database) |  |

Please return this form with your organization's letterhead or official seal if that is your normal practice. Thank you for your assistance.