Internship / Residency / Fellowship Training Verification Request

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Letter and response form for a graduate medical education (GME) program director or coordinator. Find current contacts in AMA FREIDA or the program's site, and confirm the program in ACGME ADS Public. Attach the practitioner's signed authorization and release.

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 (Program Director (cc: Program Coordinator / GME Office))	
Address / fax / secure email or portal	
From (organization)	
Contact name, title	
Phone / email for response	
Our reference #	
Please respond by (date)	

The physician named below has applied for appointment, privileges or participation with our organization and lists training in your program. A signed authorization and release is attached. Please complete and return it to the contact above.

If the program has closed or merged, please forward this request to the sponsoring institution's GME office or tell us where training records are kept.

Part 1 — Trainee (completed by requesting organization)

Full name during training	
Other / former names	
NPI	
Program reported	
Program type: ☐ Internship / transitional year ☐ Residency ☐ Fellowship	
Training dates reported (MM/DD/YY – MM/DD/YY)	

Part 2 — Training details (completed by program)

Program name and specialty	
ACGME program number (or AOA/other accreditor, if applicable)	
Sponsoring institution	
Start date (MM/DD/YY)	
End date (MM/DD/YY)	
Training level(s) completed (e.g., PGY-1 to PGY-3)	
Completion status: ☐ Completed successfully ☐ Did not complete ☐ Still in training	
Chief resident or other roles (optional)	

Part 3 — Performance and conduct

Question	Yes	No / details
Did the trainee complete the program without leaves of absence or extensions?	☐	☐
Was the trainee ever placed on probation, remediation or a performance improvement plan?	☐	☐
Was the trainee ever suspended, dismissed, not promoted or not renewed?	☐	☐
Were any disciplinary actions or concerns about professional conduct documented?	☐	☐
Would you recommend the trainee for the privileges or role requested? (optional, per your policy)	☐	☐

If you answered "No" to the first question or "Yes" to questions 2–4, please give dates and details.

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.