

**Academic and Training Verification Form (Form #3)**  
(Copy this form for multiple programs)

**1. Applicant Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Name if different when diploma awarded: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.*

Waiver for release of information: I hereby authorize the Academic Training Program named on this form to provide any and all information pertaining to my education at your institution.

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

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

**2. Applicant Instructions:**

**If you have already graduated:**

- **Send a copy of your diploma and this form to your training program**
- **Request that:**
  1. **The Program Director or designated official fill this form completely**
  2. **The Program affix their official seal to the copy of your diploma (or if no seal, then they must notarize the copy of your diploma)**

**I have not yet graduated; no diploma is available.**

**My diploma is unavailable for the following reason:** \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Academic and Training Verification Form

To be completed by program (not the applicant):

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

School name if different when the above applicant attended \_\_\_\_\_

Hours of undergraduate education required for admission into your school \_\_\_\_\_

Applicant's Attendance Dates \_\_\_\_\_

Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree \_\_\_\_\_  
(Indicate N/A if not applicable) (Indicate N/A if not applicable)

Total weeks of education applicant attended your school \_\_\_\_\_

Successful Completed? Yes No In Progress  
(The definition of Successfully Completed is: In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?)

Accredited by: \_\_\_\_\_

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Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification of Academic and Professional Education**

**Unusual Circumstances:** The following questions apply to unusual circumstances that occurred during any part of the individual's education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Did this individual ever have (an) interruption(s) or extension(s) in his/her education?

Response     YES     NO

If YES, please select the reason(s), indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To: Mo/Yr		
Personal/Family			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Academic remediation			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Health			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Financial			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in Joint Degree			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-research special study (e.g., fellowship, international experience).			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-degree research			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Other			<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved

Please specify other:

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Was this individual ever placed on academic or disciplinary probation during his/her education?

Response:  YES  NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	From Mo/Yr	To Mo/Yr
<input type="checkbox"/> Academic Probation		
<input type="checkbox"/> Probation for unprofessional conduct/behavioral reasons		
<input type="checkbox"/> Probation for other reason		
Please specify other reason:		

3. Was this individual ever disciplined for unprofessional conduct/behavioral reasons?

Response:  YES  NO

If YES, please explain (attach another sheet if necessary): \_\_\_\_\_

4. Were there ever concerns regarding behavioral problems from anyone, including but not limited to instructors, professors, classmates, colleagues, preceptors, supervisors or patients?

Response:  YES  NO

If YES, please explain (attach another sheet if necessary): \_\_\_\_\_

5. Was this individual ever the subject of negative reports for behavioral reasons or was an investigation initiated?

Response:  YES  NO

If YES, please provide detail documentation/information about the circumstances and outcome(s) (attach another sheet if necessary):

6. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason?

Response:  YES  NO

If YES, please provide detailed documentation/information about the nature of the limitation(s) or special requirement(s) (attach another sheet if necessary):

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify to the best of my knowledge and belief the foregoing is a true, accurate and complete statement of the record of the individual named on this form.*

Signature \_\_\_\_\_  
(Signature stamp not accepted)

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**AFFIX Program SEAL HERE** (If no seal is available, this form must be notarized)

**Return Instructions for Program (not the applicant):**

Before mailing directly to SDBMOE: Enclose entire form with any attachments. If a copy of the applicant's diploma was attached, please affix seal or notarize and attach to this form.

Send Form and attachments to:

SDBMOE  
101 N Main Ave, Suite 301  
Sioux Falls, SD 57104

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Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_