

Academic and Training Verification Form – Page 1 of 5
(Copy this form for multiple programs)

Applicant Instructions: Complete Section 1 of this form then send this form to your school. Request the Dean or designated official to complete Section 3 of this form and return this form directly to this Board

Section 1: Applicant Information

Last Name: _____

First Name: _____

Middle Name: _____

Name if different when diploma awarded: _____

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

Section 2: Instructions to the Dean or designated official

Please complete Section 3 of this form and mail directly to the Board to the following address:

Board Name: South Dakota Board of Medical and Osteopathic Examiners

Address 101 N Main Ave, Suite 301 City Sioux Falls State/Province SD Zip 57104

Applicant Name: _____ Date: _____

To be completed by program (not the applicant):

Section 3: Verification of Academic and Professional Education

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 ____/____/____
(Indicate N/A if not applicable)

Degree _____
(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: _____

Applicant Name: _____ Date: _____

Section 3: Verification of Academic and Professional Education Continued

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: _____

Section 3: Verification of Academic and Professional Education Continued

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: _____

Section 3: Verification of Academic and Professional Education Continued

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.

Send Form and attachments to:

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

Applicant Name: _____ Date: _____