



# Training Program Verification Form

This form is used to verify that an individual is currently enrolled in a formal training program and should be completed by the Training Program Director.

## TRAINEE INFORMATION

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Trainee Type

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Medical Student  | <input type="checkbox"/> Resident         | <input type="checkbox"/> Fellow       |
| <input type="checkbox"/> Nursing Student  | <input type="checkbox"/> Pharmacy Student | <input type="checkbox"/> APP Student  |
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Undergraduate    | <input type="checkbox"/> Other: _____ |

Specialty/Field (if applicable): \_\_\_\_\_

## PROGRAM DIRECTOR VERIFICATION

I confirm that the trainee named above is currently enrolled in our training program and is in **good standing**.

Program Director Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Institution: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_