UA UNIFORM APPLICATION FOR LICENSURE

For State Board Use Only

Medical or Osteopathic School Verification Form

Applicant: DO NOT COMPLETE THIS FORM IF YOU ARE USING FCVS. FCVS verifies this data for you. If you are not using FCVS, complete Section 1 below. Send this form and a copy of your medical school diploma to the current dean of your medical or osteopathic school. Copy this form for multiple schools.

Dean or Designated Official: Complete Section 2 of this two-page form and certify the enclosed copy of the diploma by placing your school seal on it. Mail the sealed diploma, an official copy of the physician's transcripts, this completed form, and any other documentation needed to the board at the address listed in Section 1. If transcripts are not in English, an original, certified, and official English translation is required.

Section 1: Applicant Information

First name ______________________ Last name ______________________ Practitioner Type ☐ MD ☐ DO ☐ ____

Middle name ____________________ Suffix ________SSN* _____________ Birth date (mm/dd/yyyy) ____________

Name if different when diploma awarded: ____

Name of school ____

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

Waiver for Release of Information: I am applying for a license to practice medicine. I authorize the medical/osteopathic school listed above to provide any and all information pertaining to my medical/osteopathic education at that institution to the board at the address listed below. I request that the dean or a designated official complete Section 2 of this form and seal the copy of my diploma (attached) as described in the instructions above, then mail this completed form, the sealed diploma copy, and a copy of my official transcripts to the board listed below at the given address:

Board name: Idaho State Board of Medicine

Mailing address: PO Box 83720

City/State/Zip: Boise, ID 83720-0063

Applicant signature ____ Date _______________

Section 2: Medical or Osteopathic School Verification

School name ____

Complete address w/country ____

School name if different when applicant attended ____

Hours of undergraduate education required for admission _______ Total weeks of education applicant attended _______

Attendance (mm/yyyy) from __________to __________Graduation date __________ Degree awarded ___________

Unusual Circumstances

The following questions apply to unusual circumstances that occurred during any part of the individual's medical or osteopathic education. Check the appropriate responses and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation attached to this form.

1. Do the official records for this individual reflect interruptions or extensions in his/her medical/osteopathic education? **If yes,** indicate the reasons for each interruption or extension, the dates of each interruption or extension, and whether each interruption or extension was approved or unapproved. Yes ☐ No ☐

☐ Personal or family — From ____________________ to — ☐ Approved ☐ Unapproved
☐ Academic remediation — From ____________________ to — ☐ Approved ☐ Unapproved
☐ Health — From ____________________ to — ☐ Approved ☐ Unapproved
☐ Financial — From ____________________ to — ☐ Approved ☐ Unapproved
☐ Participation in a joint degree program — From ____________________ to — ☐ Approved ☐ Unapproved
☐ Participation in a non-research special study (e.g., fellowship, intl. experience) — From __________ to __________ — ☐ Approved ☐ Unapproved
☐ Other __________________________ — From __________ to __________ — ☐ Approved ☐ Unapproved

2. Do the official records for this individual reflect that he/she was ever placed on academic or disciplinary probation during his/her medical/osteopathic education? **If yes,** indicate below the reasons for each time of probation and the dates of placement on and removal from probation. Also attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

☐ Academic From ____________________ to ☐ Documentation attached
☐ Unprofessional conduct From ____________________ to ☐ Documentation attached
☐ Behavioral reasons From ____________________ to ☐ Documentation attached
☐ Other __________________________ From __________ to __________ ☐ Documentation attached

3. Do the official records for this individual reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical/osteopathic school or parent university? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

4. Do the official records for this individual reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical/osteopathic school or parent university? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

5. Do the official records for this individual reflect that there were ever any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

I CERTIFY THAT 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 ____
Print name ____
Title ___________________________ Date _______________
Phone number ________________ Fax number ___________
Email ____

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

Please mail this completed form and any other items to the board at the address listed in Section 1. Thank you.