

**UTHEALTH DEPARTMENT OF EMERGENCY MEDICINE RESIDENCY/FELLOWSHIP
TRAINING VERIFICATION REQUEST**

STEP I:

Requesting Organization Please fill in the name, address, phone, and email of the organization and person making this request:

Requesting Individual's Name: _____

Individual's email address: _____

Organization Name: _____

Address: _____

Phone: _____

STEP II: Requesting Verification for What Individual

Please complete all of the following fields:

Name of Individual: _____

Program completed: _____

Years of training: _____

More than 1 program?

Please list additional programs and training years:

STEP III: Save this form and email it to ms.emverifications@uth.edu, along with a signed [Authorization for Release of Information](#).

Provide payment as detailed at: [add website link](#)

FINAL VERIFICATION INFORMATION:

Upon completion and acceptance of the above form, University of Texas Health Science Center at Houston McGovern Medical School, Department of Emergency Medicine Education Office, will email you a standard verification including:

- Individual's name
- Individual's training program(s) at UTHealth's Department of Emergency Medicine
- Individual's training year(s) at UTHealth's Department of Emergency Medicine
- Confirmation of successful completion of program(s) or Explanation and further information if no successful completion