

# Graduate Medical Education License Verification Form

The **graduate medical education license verification form** sample is a crucial document used to confirm the credentials and licensing status of medical graduates. This form ensures that all graduate medical professionals meet regulatory standards before beginning their residency or fellowship programs. Accurate verification fosters compliance and supports the integrity of medical training institutions.

**Name of Training Institution:**

**Program (Residency/Fellowship):**

**Applicant's Full Name:**

**Medical License Number:**

**State/Authority Issued By:**

**License Validity Period:**

**Verification Details (To be completed by Licensing Authority)**

| Verification Item             | Status   | Remarks              |
|-------------------------------|--|----------------------|
| License Active                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| License in Good Standing      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Disciplinary Actions (if any) | <input type="text"/>                                     |                      |
| Additional Comments           | <input type="text"/>                                     |                      |

**Name of Verifying Official:**

**Title/Position:**

**Date of Verification:**

**Signature:**