



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF MEDICAL LICENSURE AND DISCIPLINE**

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**VERIFICATION OF MEDICAL EDUCATION**

**Instructions for Applicant:** If you are *not* using the FCVS service, obtain this form from each medical school attended. Upload all forms when you submit your application in DELPROS.

Educational Institution: _____ Address: _____ City/State/Zip: _____	Applicant Name: _____ Home Address: _____ City/State/Zip: _____															
<b>This section to be completed by Applicant</b>	Last Name: _____ First: _____ Middle: _____ SSN: _____ Birth Date: _____ Other Name(s) Used: _____ <b>Applicant Signature:</b> _____ <b>Date:</b> _____															
<b>This section to be completed by Institution</b>	1. Enter periods that the applicant named above was enrolled in institution: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">YEAR</th> <th style="padding: 2px;">FROM (month/day/year)</th> <th style="padding: 2px;">TO (month/day/year)</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">1</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">2</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">3</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">4</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </tbody> </table> 2. Was the applicant awarded a degree? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> <li>• If <u>yes</u>, enter:              Degree Received: _____ Date Degree Conferred (month/day/year): _____</li> <li>• If <u>no</u>, attach explanation of reason applicant did not receive a degree.</li> </ul>	YEAR	FROM (month/day/year)	TO (month/day/year)	1			2			3			4		
YEAR	FROM (month/day/year)	TO (month/day/year)														
1																
2																
3																
4																
<b>AFFIX INSTITUTION OR NOTARY SEAL HERE</b>	<p>I certify that the information above is an accurate account of the applicant's records and is true and correct.</p> <b>Printed Name of Institution Official:</b> _____ <b>Signature of Official:</b> _____ <b>Date:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____															

**UPLOAD THIS DOCUMENT WHEN YOU SUBMIT YOUR APPLICATION IN DELPROS.**