

Medical College of Wisconsin Verification Policy

Complete Parts 1-4 in full

Part One: Submit the 'Radiology Resident or Fellowship Verification Request' form. to the email: ahicks@mcw.edu and attach your institution's verification form you would like completed.

**Fax and telephone request are *not* efficient for our verification team and will result in delays.

Part Two: Select the category of desired verification.

\$15.00 – BASIC (Verification of dates of training, program, and completion status, signed by Program Coordinator)

\$25.00 – BASIC PLUS (Verification of dates of training, program, and completion status, signed by Program Director)

\$75.00 – COMPREHENSIVE (Detailed verification of dates of training, program, completion status, and competency in select/requested areas, signed by Program Director) please specify if a notary seal is required.

Part Three: Verification form. If your institution does *not* have a specific verification form that needs to be completed for the physician in question, please mention this in Part One. We have a standard verification form which will be completed as a default and is listed for your approval on the Radiology Education page.

Part Four: Payment information. Submit the PayPal web payment on the Radiology Education main page associated with the verification form your institution is requesting i.e. BASIC, BASIC PLUS, COMPREHENSIVE. You will automatically receive a receipt of payment after you have submitted payment.

Failure to email your verification or provide payment will verification delay.

Updated: December 12th, 2024