

Radiology Residency or Fellowship Training Verification Request

Step I – Requesting Organization

Please fill in the name, address, phone number and email address of the organization the completed verification should be sent to and the person making this request:

Requesting individual's name: _____

Institutional name: _____

*Name of the individual who is on the payment receipt: _____

Email Address of requesting individual: _____

Step II – Requesting Verification for Whom

Please complete *all* fields.

Name of the physician: _____

Verification of: Diagnostic Radiology Residency / Interventional Radiology Residency
 or

Specify fellowship program: _____

Dates of training in requested program: _____

*If verification for more than one program is requested, list programs and dates:

Step III – Payment

Identify the type of verification your institution's form aligns with.

** Payment is required for each program verification. For instance, if the physician needs BASIC PLUS verification for both residency and fellowship, you will need to submit a PayPal payment for residency and fellowship.

1. Navigate to the Radiology Education main page.
2. Locate the corresponding verification you wish the department to complete.
3. Submit the PayPal payment form.
4. Contact Meredith Zimmermann at: mezimmermann@mcw.edu and include the following:
 - Complete name of the physician
 - Name of the individual on the payment receipt
 - Release Authorization
 - Your institutional verification form (if needed)
 - Requested privileges

