ACOG
The American College of Obstetricians and Gynecologists

RESIDENCY VERIFICATION FORM

All applicants are required* to have the program director's signature. **Applications will not be processed until the completed form is received.** Contact ACOG Membership Services by email at membersupport@acog.org or phone at (800) 673-8444 or (202) 863-2452.

*You are not required to fill out this form if you are currently in a CREOG program.

Name: _____
First Middle Last Degree(s)

Candidate's current level in the program or residency hospital: ☐ In progress ☐ Completed

Start of the program or residency hospital: _____ / _____
Month Year

Completion or anticipated completion of the program or residency hospital: _____ / _____
Month Year

Name of the residency school program: _____

_____

Program director's name: _____

Program director's signature: _____ Signature date: _____

If you have completed residency, the name and signature of the program director or chair are still needed for verification purposes. For Mexico, the signature is not required, and the Mexico Section will be contacted for verification.

Program director's phone number or email: _____