



## Credential Verification Request

**Effective January 1, 2020:** Due to the increase in requests for information/verification of residency training, the department of medicine will begin charging for verifications. Please see clarifications below to determine if your verification will incur a fee.

### **Residents who have graduated within the last two years:**

- NorthShore's standard verification form will be provided at no charge.
- Completion of a non-standard verification form will be \$50.00

### **Residents who graduated more than two years ago:**

- NorthShore's standard verification form will be \$25.00
- Completion of a non-standard verification form will be \$50.00

Please note that we will NOT begin processing the verification form until a response to the notice below is received. **We will not mail your completed verification until we have received your payment.**

**IMPORTANT – Response Needed**



We have received your institution's request for verification/reference of residency training of Dr. \_\_\_\_\_ . Due to the time and expense of processing resident verification requests, NorthShore University HealthSystem charges a \$25 dollar fee for each request of completion using our institutional form and \$50 dollar fee for completion of your institutional form. We do not accept credit cards. Please indicate the name of the resident we should verify on your payment for reference.

Please note that we will NOT begin processing the verification form until a response to this notice is received. **We will not mail your completed verification until we have received your payment.**

**Please make check or money order payable to "NorthShore University HealthSystem".**

Mail check/money order(s) to:  
NorthShore University Health System  
Department of Medicine Verification  
2650 Ridge Ave.  
Room 5320  
Evanston, IL. 60201

If you have any questions or concerns about your verification request, please contact the Department of Medicine at (847)570-2509 or email at [internalmedicineverifications@northshore.org](mailto:internalmedicineverifications@northshore.org).

NorthShore University HealthSystem  
Department of Medicine Residency Programs

**Response:**

\_\_\_\_\_ We will be sending payment to you AND a verification release form signed by the resident/alumni.

\_\_\_\_\_ We will not be sending a check to you. Please disregard our verification request.

Additional Text: \_\_\_\_\_

\_\_\_\_\_