

Applicant: Each medical school where instruction was received must complete this form. If more than one medical school was attended, photocopies of this blank form may be made and used. The Board also requires medical school transcripts to be sent directly from the medical school to the Nevada State Board of Medical Examiners.

FORM 1

**NEVADA STATE BOARD OF MEDICAL EXAMINERS
VERIFICATION OF MEDICAL EDUCATION**

This certifies that _____
(Printed Name of Applicant) (Date of Birth)

was enrolled in _____
(Name of Medical School) (Location – City / State / Country)

The following information is to be completed by the medical school only.

The undersigned further certifies that the records of this institution show that the applicant attended this institution:

From: _____ To: _____
Dates of Attendance – (month/year) Dates of Attendance – (month/year)

Please select one:

- The applicant was granted a medical degree at the above-named Medical School on: _____
- The applicant withdrew from the above-named medical school on: _____

ADVANCED (TRANSFER) CREDITS – Credits Granted Upon Admission from Another Medical Institution

(Name of Medical or Professional School) (Total Credits) (Dates attended – month/year to month/year)

Signed and the institutional seal affixed this _____ day of _____, 2____

By: _____
(Printed name of President, Registrar or Dean)

Title: _____
(Title of President, Registrar or Dean) **

Signature: _____
(Signature of President, Registrar or Dean) **

Telephone: _____

Fax: _____

Email: _____

Affix Seal Here

** Signatures by personnel other than the President, Registrar or Dean must attach documentation granting authorization to sign in lieu of the President, Registrar or Dean.

Completed form is to be mailed by the verifying institution directly to:

**Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521**

Medical School: If you have questions, you may contact the Board at (775) 688-2559. The Board requires that this verification form be received by mail or email **only**, and NOT by facsimile. **Emails may be sent to nsbme@medboard.nv.gov**