

**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 \_\_\_\_\_

(name of applicant)

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 \_\_\_\_\_

(month / year)

to \_\_\_\_\_

(month / year)

**Please check one:**

The applicant was granted a medical degree by

The applicant withdrew from

the above named Medical School on \_\_\_\_\_

(month / day / year)

**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 \_\_\_\_\_

20 \_\_\_\_\_

By: \_\_\_\_\_

(typed name and title of President, Registrar or Dean)

Affix Seal Here

\_\_\_\_\_  
(signature of President, Registrar or Dean) \*\*

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\*\* 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 and NOT by facsimile.