

TRAINING VERIFICATION REQUEST PAYMENT FORM

REQUEST INFORMATION				
Name of Physician:				
Dates of Training:				
Program(s) for verification	<i>Please select the program(s) you require the verification for. If selecting multiple programs, please ensure you select the type of verification requested under the 'Multiple Programs' column.</i>			
	Anesthesia Residency	residency.anesthesia@utoronto.ca		
	Pain Medicine Residency	residency.painmedicine@utoronto.ca		
	Clinical Anesthesia Fellowship	fellowship.anesthesia@utoronto.ca		
TYPE OF REQUEST				
<i>Please select the type of verification required.</i>				
Type of Verification Requested	Registered within the past 3 years		Registered more than 3 years ago	
	Single program (Residency OR Fellowship only)	Multiple programs (Residency AND Fellowship)	Single program (Residency OR Fellowship only)	Multiple programs (Residency AND Fellowship)
Form confirming training years only	<i>No fee You are not required to fill in this form</i>		\$100.00	\$150.00
Letter confirming training years only	\$100.00	\$150.00	\$200.00	\$250.00
Forms requiring assessments of training and/or evaluating standing	\$150.00	\$250.00	\$250.00	\$450.00
Letter confirming assessments of training and/or evaluating standing	\$200.00	\$350.00	\$300.00	\$500.00
CUSTOMER / REQUESTOR INFORMATION				
Name				
Company				
CREDIT CARD INFORMATION				
Card Type (AMEX, VISA, MC)			Exp Date (MM/YYYY)	
Card Number			CVV Code	
Authorized Signature			Total Charge	
BILLING INFORMATION				
<i>Billing info must match your credit card statement.</i>				
Company				
Last Name		First Name		
Address				
City		State/Province		
Zip/Postal Code		Country		
Phone Number				
Email Address				

Please ensure you email the completed form to the relevant program(s) you require verification for.

NOTE: If you are requesting both a residency and fellowship verification, you must submit your request to both programs.