



## Verification of Residency and Fellowship Training Policy

### Overview

The request for information regarding physician(s) who have completed their residency and/or training in the Department of Pediatrics at UCLA is verified for various institutions that require additional credential information.

### UCLA Department of Pediatrics Residency and Fellowship Verification Price List

Verification Type	Fee
Standard verification letter on UCLA Department of Pediatrics letterhead	\$50
Verification form filled out by Program Director with or without Institution seal (Form to be provided by requesting institution)	\$50

**Make check payable to:** Regents of the University of California  
 Tax ID # 95-6006143  
 Reference: Pediatric Resident (or Fellowship) Verification Request

### Submit payment\* with a written request to:

#### Residency Verifications

Jacquelyn Voet  
 UCLA Pediatric Medical Education  
 757 Westwood Plaza, 3108 RRUMC  
 Los Angeles, CA 90095-1752

**\*PLEASE INCLUDE ENTIRE ZIP CODE\*  
 (90095-1752)**

Phone: (310) 825-4128  
 Fax: (310) 267-3842  
 jvoet@mednet.ucla.edu

#### Fellowship Verifications

Laura Guerrero  
 Academic Human Resources  
 Department of Pediatrics  
 10833 Le Conte Ave, CHS 32-225  
 Los Angeles, CA 90095-1752

Phone: (310) 983-3084  
 Fax: (310) 825-6394  
 LCGuerrero@mednet.ucla.edu

**\*Residency and Fellowship Verifications are subject to separate charges.**