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

<table>
<thead>
<tr>
<th>Verification Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard verification letter on UCLA Department of Pediatrics letterhead</td>
<td>$50</td>
</tr>
<tr>
<td>Verification form filled out by Program Director with or without Institution seal</td>
<td>$50</td>
</tr>
<tr>
<td>(Form to be provided by requesting institution)</td>
<td></td>
</tr>
</tbody>
</table>

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 RRUUMC  
Los Angeles, CA 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

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

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