

DATE:	School of Medicine
VIA FAX:	10900 Euclid Avenue Samson Pavilion, Room 413E Cleveland, Ohio 44106-7507
VERIFICATIO	ON REQUEST FOR:
	Phone 216.368.6137 Fax 216.368.4621
Dear	, case.edu/medicine
Registrar's Officeraining, such as	ur verification request for the above-mentioned individual. Please be advised the SOM ce can only verify graduation from the M.D. program. We cannot verify post-graduate s residencies and fellowships, or practitioner staff appointments. Requests for post-graduate ations and practitioner appointment verifications should be directed to the appropriate office
	St. Vincent Charity Hospital GME Office Fax to 216.363.2721 or call 216.363.2543 (this includes verifications for St. Luke's Hospital) http://www.stvincentcharity.com/
	University Hospitals Cleveland Medical Center GME Office Fax to 216.844.1949 or call 216.844.3887 http://www.uhhospitals.org/
	Mt. Sinai Hospital (contact Federation of State Medical Boards) Attn: Melanie O'Donnell Fax to 817.868.4150 or call 817.868.5162 https://www.fsmb.org/

Office of the Registrar

Case Western Reserve

University

For faster processing, third parties are encouraged to identify the specific department and contact information and send the request directly to the individual department **with a signed release** to expedite verification.

Our office does not carry directory contact information for individual departments at non-Case facilities. Please refer to the websites listed above for departmental contact information.

MetroHealth Medical Center GME Office

Fax to 216.636.0110 or call 216.444.5690

No hospital affiliation noted in original request

http://www.metrohealth.org/

Cleveland Clinic GME Office

http://my.clevelandclinic.org/

Fax to 216.778.5862 or call 216.778.4486 or 216.778.5394

Thank you.

School of Medicine Office of the Registrar