

Post -graduate Training Verification Fee Schedule:

Effective November 1, 2009:

No Charge - for verification of training during the first twelve month period after a physician leaves/completes an Ochsner Clinic Foundation Training Program. Request may be sent via mail or fax. A release signed by trainee must accompany the training verification request.

The following guidelines apply to all other requests for verification of postgraduate training:

All requests should be mailed for post-graduate training verification (including a release signed by physician) to the following address:

Ochsner Clinic Foundation
Graduate Medical Education – BH#633
1514 Jefferson Highway
New Orleans, LA 70121

Verification fee of \$20.00 must be received with the request. If document(s) require Notary/Hospital Seal, the verification fee is \$30.00. Payment must be received before the verification will be completed. Checks should be written to "Ochsner Clinic Foundation".

Current contact information for the physician must be included in the event Ochsner GME has a question regarding the release information.

All verification responses will be returned by regular mail. There will be an additional fee of \$25.00 over and above the \$20.00 verification fee for responses to be sent by Federal Express and this additional fee must be included with your initial request or regular mail will be used. The requestor may supply their own prepaid mailing package with their initial request.

Contact information:

Margaret Saux, 504-842-2661 or fax, 504-842-3193

Thank you,
Graduate Medical Education