

MEDICAL SCHOOL DIPLOMA VERIFICATION

(For use of this form, see USMEPCOM Reg 40-1)

INSTRUCTIONS: MEPS commander, or designate, will verify the school diploma of the practitioner and document such information on this form.

FOR OFFICIAL USE ONLY

THIS CERTIFIES THAT I HAVE VERIFIED THAT

(Name of practitioner)

GRADUATED FROM

(Name of University/Program)

_____ , _____ ON
(City) (State)

(Date)

SIGNATURE

RANK AND POSITION

DATE