Individual Verification Request Form

All sections must be completed in full. In completing this form you give your consent to JRCPTB to confirm your certification or training to an organisation or third party as detailed in section 2.

# SECTION 1: Request for information

Please see notes section 1 for information and advice on completing this section.

|  |  |  |
| --- | --- | --- |
| Full name (as listed on the certification or on GMC register during training): | |  |
| Current name (in different): | |  |
| Date of Birth (dd/mm/yyyy): | |  |
| RCP code / GMC number: | |  |
| Address | First line of address: |  |
|  | Second line of address: |  |
|  | Town/City: |  |
|  | County: |  |
|  | Postcode: |  |
|  | Country: |  |
| Telephone: | |  |
| E-mail: | |  |
| Specialty / Specialties to be verified: | |  |
| Start date: | |  |
| End date / date of certification: | |  |
| Do you require a hard copy of this verification letter sent to you via post? | | Yes  No |

# SECTION 2: Address where verification letter should be sent

Please complete this section if you wish the verification letter to be sent to a different address to that given in Section 1.

|  |  |  |
| --- | --- | --- |
| Contact name: | |  |
| Organisation: | |  |
| Reference Number (if applicable): | |  |
| Address | First line of address: |  |
| Second line of address: |  |
| Town/City: |  |
| County: |  |
| Postcode / Zip code: |  |
| Country: |  |
| Telephone: | |  |
| Fax: | |  |
| E-mail: | |  |
| Method for receiving verification: | | Email  Fax  Post |

# SECTION 3 – Payment details

The fee for a verification request is £10.00 GBP (collegiate members are exempt). An invoice will be generated and emailed to your correspondence address. This invoice can be paid by credit/debit card through the PayPal link provided in the invoice.

|  |  |
| --- | --- |
| Are you a subscriber to collegiate membership? | Yes  No |
| To which college do you pay your membership fees? | RCP Edinburgh  RCPS Glasgow  RCP London |

If you are not a current subscribing member of the Royal College of Physicians of Edinburgh, London or Physicians and Surgeons of Glasgow you will need to pay by card or send a cheque/banker’s draft. If submitting a cheque or banker’s draft, please write your full name and date of birth on the reverse of the cheque or draft.

Name:

Date:

Please email or post the completed form to:

[certificationother@jrcptb.org.uk](mailto:certificationother@jrcptb.org.uk)

Verifications

JRCPTB

5 St Andrews Place

London

NW1 4LB.

Please allow 28 days for the completed request. Verification confirmation will be created on headed note paper and sent via e-mail as a pdf, unless a hard copy is specifically requested in section 2.

Guidance to Help Complete the Verification Request

# NOTES: Section 1 – Request for information

In section 1 please enter your details in full

* **Full name:** Please enter your full names as it appears on your certificate or as you were listed on the GMC register at the end of training
* **Current name:** Please enter your full current name if this is different to the name you held whilst in training
* **Date of birth:** this is an essential requirement.
* **RCP code/GMC number:** Please enter the RCP code or GMC number you held whilst in training.
* **Specialty/Specialties to be verified:** Please enter the specialty or specialties you trained in and wish to have verified.
* **Start date:** The start date of your appointment you wish to have verified.
* **End date/date of certification:** The date you completed your appointment you wish to have verified. This will be either the date on your certificate or your final day in training.
* **Do you require a hard copy of this verification letter sent to you via post? : Copies sent via email will be sent as a pdf on headed paper. Postal copies will be printed on headed paper.**

# NOTES Section 2 – Address to which the verification letter should be sent

This section must be completed if you wish your verification to be sent directly to another address.

# NOTES Section 3 – Payment details

A fee of £10 is payable for each verification request where the doctor is not currently a subscribing member of any of the Royal Colleges of Physicians.

You will be able to pay this invoice through the link provided in the email. Unfortunately we cannot accept card payment details via email or post.