

TAGME

National Board for Certification Training Administrators of Graduate Medical Education

Training Administrators of Graduate Medical Education (TAGME)	
Supportive Verification Form	

Effective Date: August 2, 2014	Revision Date: March, 2025
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The purpose of this form is to verify the applicant's criteria for TAGME Certification. This form must be completed and uploaded with the application. If not included, the application will remain incomplete and not reviewed.

Name of Applicant:

Name of person completing recommendation:

Email address of person completing recommendation:

Please enter the dates of employment the candidate worked or works for your organization:

DATES: FROM: TO:

Professional relationship to the applicant is (please check one):

Chair

Program Director/Associate Program Director

GME Office/Manager

Designated Institutional Official

Director of Medical Education

Please verify by **initialing** the following:

The applicant has been an administrator, GME Coordinator or DIO for this training program or institution for the dates I have specified above.

The applicant has sufficient skills, knowledge and abilities to manage the day-to-day responsibilities and activities of the training program.

Additional Comments (optional)

Signature

Date