

## **Residency Verification Requests**

The Department of Oral and Maxillofacial Surgery Residency Training Program at Rutgers School of Dental Medicine requires a **\$45.00** fee for all **residency verifications and reference evaluations**. This fee is necessary in order to recover costs associated with retrieval and processing verifications and references for housestaff who attended the Rutgers School of Dental Medicine, Oral and Maxillofacial Surgery Residency Training Program.

All requests for verifications must be submitted with a check or money order made payable to **RSDM-Department of Oral and Maxillofacial Surgery** and mailed to the following address:

**Kisha N. Wesley, MPA**  
**Rutgers School of Dental Medicine**  
**Department of Oral and Maxillofacial Surgery**  
**110 Bergen Street, Room B854**  
**Newark, NJ 07101**

In order to expedite verification and reference requests, please submit the following documents to the below address:

1. Written Request, including last name, first name, and social security number of physician and dates attended
2. Money order or personal check for **\$45.00** payable to **RSDM-Department of Oral and Maxillofacial Surgery**
3. Signed, authorized release of information form from the physician
4. Self-addressed, return envelope
5. Fax number, should you wish the form returned via fax

Follow-up requests should be sent either by mail with second request noted or by fax to 973-972-7322. All verifications will be sent out once payment is received; please allow 5-10 business days for processing each request.

Please call us at 973-972-3126 or email [wesleykn@sdm.rutgers.edu](mailto:wesleykn@sdm.rutgers.edu) should you have any questions or require additional information.