



Duke Internal Medicine Residency Training Verification Form

Verification for: Duke Hospital

Applicant Full Name: Jennifer Averitt, MD

ACGME Program ID: 1403621320

PGY: 1 <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency	Program Name: Internal Medicine Residency From: 7/1/1990 To: 6/30/1991 Successfully Completed: XYes <input type="checkbox"/> No <input type="checkbox"/> In Progress
PGY: 2 <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency	Program Name: Internal Medicine Residency From: 7/1/1991 To: 6/30/1992 Successfully Completed: XYes <input type="checkbox"/> No <input type="checkbox"/> In Progress
PGY: 3 <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency	Program Name: Internal Medicine Residency From: 7/1/1992 To: 6/30/1993 Successfully Completed: xYes <input type="checkbox"/> No <input type="checkbox"/> In Progress
PGY: <input type="checkbox"/> Internship <input type="checkbox"/> Residency	Program Name: From: To: Successfully Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Program Director Certification	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. Name: <u>Dr. Aimee Zaas, MD, MHS</u> Title: <u>Program Director</u> Signature: <i>Aimee Zaas</i> Date: <u>10/5/2015</u> Telephone: <u>919-681-2383</u> Email: <u>aimee.zaas@duke.edu</u>