

Verification of Education:  
ENT with PSG add-on track  
PSGT 3 (11/2024)

MARYLAND BOARD OF PHYSICIANS  
P.O. Box 2571  
Baltimore, Maryland 21215-0095  
Telephone: 410-764-4777 or 800-492-6836  
[www.mbp.state.md.us](http://www.mbp.state.md.us)

**For Board Use Only**  
Program accredited?

Y \_\_\_\_\_ N \_\_\_\_\_  
Date verified: \_\_\_\_\_

**VERIFICATION OF EDUCATION OF ELECTRONEURODIAGNOSTIC PROGRAM  
WITH ADD-ON TRACK FOR POLYSOMNOGRAPHIC TECHNOLOGIST LICENSURE**

**Part 1**

**APPLICANT:** Complete Part 1 and send this form to the institution where you completed your Electroneurodiagnostic program with add-on track.

Name: \_\_\_\_\_  
Last name and generational indicator (Jr., Sr., II, III, etc.) First name Middle name Maiden name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
mm dd yyyy

Professional School of Graduation: \_\_\_\_\_

Attended from: \_\_\_\_\_ to \_\_\_\_\_

Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree Received: \_\_\_\_\_  
mm/yyyy

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2**

**REGISTRAR, DEAN, PRINCIPAL or OTHER AUTHORIZED OFFICIAL:** Please complete this form and email it to: [mdh.mbpcredentials@maryland.gov](mailto:mdh.mbpcredentials@maryland.gov).

**I hereby certify that the above-named individual attended this institution during the inclusive dates of:**

\_\_\_\_ to \_\_\_\_ The individual graduated with a(n):  
mm/dd/yyyy mm/dd/yyyy

A.S./A.S.

Certificate

B.S./B.A.

Master's Degree

Other: \_\_\_\_\_  
(specify)

in \_\_\_\_\_ on \_\_\_\_\_  
Educational Program mm/dd/yyyy

The program was accredited by: \_\_\_\_\_  
Name of accrediting agency, e.g., CAAHEP

Printed Name of Authorized Official

Name of Institution

Title of Authorized Official

Telephone Number

Fax Number

Signature of Authorized Official

Date

**SEAL  
OF THE  
INSTITUTION**