

IF YOU ARE UNABLE TO SUBMIT AN ELECTRONIC VERIFICATION REQUEST WITH CREDIT CARD PAYMENT, PLEASE SUBMIT A WRITTEN REQUEST AS FOLLOWS:

Please make a check in the amount of \$15 payable to *Graduate Medical Education* and submit with your written request to:

University of Utah Hospital  
Graduate Medical Education Office, Room 1C412  
30 North 1900 East  
Salt Lake City, UT 84132

NOTE: Verifications will not be provided unless payment is received with request.

If you have any further questions, please call (801) 581-2401.