

Air Force Form 1562--INSTRUCTIONS

Credentials Evaluation of Health Care Practitioners

(One must be completed by the program director and the other completed by a senior level staff provider who knows your work well.) These individuals should match providers listed on AF Form 1540, section VII as references.

Section I

1. Print your name as specified.
2. Print Social Security Number.
3. Sign the form.
4. Date the form.

Section II

5. Print the name of parent institution where you are presently receiving training.
6. Print the dates you have trained at the institution listed in item 5.
7. Print "resident" or "fellow" as appropriate.
8. Print the specialty/specialties for which you have trained.
9. To be completed by your references. (Evaluator)
10. To be completed by your references. (Evaluator)
11. Leave blank.
- 12-13. To be completed by your references. (Evaluator)
14. May be completed by your reference, if desired.
15. Printed/typed title of reference. (Evaluator)
16. Signature of your reference. (Evaluator)
17. Date your evaluator completed the form.