

2024 TSDA In-Training Exam

Letter of Agreement

Return this form, with original signature(s) to TSDA Headquarters prior to the exam date.

Please check the appropriate box. Only one proctor per program is permitted.

In my capacity as Program Director for the thoracic surgery residency training program at _____ (hospital/institution), I agree to personally and actively proctor, administer, and otherwise oversee the 2024 TSDA In-Training Exam for my program's registered residents on **Saturday, March 2, 2024**, or if necessary (and only by pre-arrangement) on the alternate date of Saturday, March 9, 2024.

Hospital/Institution: _____

Printed Name of Program Director: _____

E-mail Address: _____

Program Director Signature*: _____

Program Coordinator: _____

Program Coordinator E-mail Address: _____

As Program Director for the thoracic surgery residency training program at _____ (hospital/institution), **I am unable to proctor the 2024 TSDA In-Training Exam. The surgeon or staff member affiliated with hospital's/institution's thoracic surgery residency program, whose agreement is noted below, will proctor the examination.**

Printed Name of Proctor: _____

E-mail Address: _____

Proctor Signature*: _____

Program Director Signature: _____

*Signature indicates agreement to be present throughout the exam.

Return this form prior to the exam date to:

**TSDA
Attn: ITE
tsda@tsda.org**