
**2024 TSDA Congenital 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 congenital cardiac surgery fellowship at _____ (hospital/institution), I agree to personally and actively proctor, administer, and otherwise oversee the 2024 TSDA Congenital In-Training Exam for my program's registered fellow on **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 congenital cardiac surgery fellowship at _____ (hospital/institution), I am unable to proctor the 2024 TSDA Congenital In-Training Exam. The surgeon or staff member affiliated with hospital's/institution's congenital cardiac surgery fellowship, 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
Email: tsda@tsda.org
Fax: 773-289-0871