

**2025 TSDA Congenital In-Training Exam  
Letter of Agreement**

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

Hospital/Institution: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Program Coordinator E-mail Address: \_\_\_\_\_

**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 2025 TSDA Congenital In-Training Exam for my program's registered fellow on **Saturday, February 8, 2025.**

Printed Name of Program Director: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Director Signature\*: \_\_\_\_\_

As Program Director for the congenital cardiac surgery fellowship at

\_\_\_\_\_ (hospital/institution), I am unable to proctor the 2025 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](mailto:tsda@tsda.org)**  
**Fax: 773-289-0871**