

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

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 thoracic surgery residency training program at

_____ (hospital/institution), I agree to personally and actively proctor, administer, and otherwise oversee the 2025 TSDA In-Training Exam for my program's registered residents on **Saturday, February 8, 2025**, or if necessary (and only by pre-arrangement) on the alternate date of Saturday, February 15, 2025 or other date approved by TSDA Headquarters.

Printed Name of Program Director: _____

E-mail Address: _____

Program Director Signature*: _____

As Program Director for the thoracic surgery residency program at

_____ (hospital/institution), I am unable to proctor the 2025 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
Email: tsda@tsda.org
Fax: 773-289-0871