

**2026 TSDA In-Training Exam**

**Letter of Agreement**

**Return this form with original signature(s) to TSDA Headquarters no later than February 6, 2026.**

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

Program Director: \_\_\_\_\_

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

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

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

In my capacity as Program Director for the thoracic surgery residency training program, I agree and affirm that the individual(s) listed below shall personally and actively proctor, administer, and otherwise oversee the 2026 TSDA In-Training Exam for my program’s registered residents during the indicated dates.

Program Director Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Please check the appropriate boxes. Only one proctor per date is permitted.**

<b>Date(s) on which exam will be conducted</b> The exam is available for 24-hours each day midnight-midnight (United States Central Standard Time (UTC -6))	<b>Proctor (name, role)</b> Must be a surgeon or staff member affiliated with hospital’s/institution’s thoracic surgery residency training program.	<b>Proctor initials</b> (agrees to be present throughout the exam)	
<input type="checkbox"/>	Saturday, February 7, 2026		
<input type="checkbox"/>	Sunday, February 8, 2026		
<input type="checkbox"/>	Monday, February 9, 2026		
<input type="checkbox"/>	Tuesday, February 10, 2026		
<input type="checkbox"/>	Wednesday, February 11, 2026		
<input type="checkbox"/>	Thursday, February 12, 2026		
<input type="checkbox"/>	Friday, February 13, 2026		
<input type="checkbox"/>	Saturday, February 14, 2026		

**Return this form prior to the exam date to TSDA Headquarters: [tsda@tsda.org](mailto:tsda@tsda.org)**