

THORACIC SURGERY DIRECTORS ASSOCIATION

2010 TSDA In-Training Examination Letter of Agreement

Return this form, with original signatures, and the Registration Form to TSDA no later than close of business **FRIDAY, FEBRUARY 12, 2010**.

In my capacity as PROGRAM DIRECTOR for the thoracic surgery residency training program at _____ (institution),

I agree to personally and actively proctor, administer, and otherwise oversee the TSDA In-Training Examination for my residents on **Saturday, April 10, 2010**, or if necessary (and only by pre-arrangement) on the alternate date of Saturday, April 17, 2010.

If I am unable to proctor the examination, I will select a Board-certified thoracic surgeon on my staff, whose agreement is noted below, to proctor the examination.

Printed Name of Program Director

Signature/Date

(Note: signature indicates agreement to be present throughout the exam)

I am unable to proctor this examination. The Board-certified thoracic surgeon I have selected to administer/proctor the examination as outlined above is:

Printed Name of Alternate Director

Signature/Date

(Note: signature indicates agreement to be present throughout the exam)

Return this form and the In-Training Exam Registration Form by FEBRUARY 12, 2010 to:

**TSDA
633 N. Saint Clair St., Suite 2320
Chicago, IL 60611
Attn: ITE**