



**2012 TSDA In-Training Exam
Letter of Agreement**

Return this form, with original signatures, and the Registration Form to TSDA by **Friday, February 17, 2012**.

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 TSDA 2012 In-Training Exam for my program's registered residents on **Saturday, April 14, 2012**, or if necessary (and only by pre-arrangement) on the alternate date of Saturday, April 21, 2012.

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 thoracic surgery residency training program at _____ (hospital/institution), I am unable to proctor the TSDA 2012 In-Training Exam. The Board-certified thoracic surgeon on my staff, whose agreement is noted below, will proctor the examination.

Printed Name of Proctor: _____

E-mail Address: _____

Proctor Signature*: _____

Program Director Signature: _____

Program Coordinator: _____

Program Coordinator E-mail Address: _____

*Signature indicates agreement to be present throughout the exam.

Return this form and the In-Training Exam Registration Form by February 17, 2012 to:

**TSDA
633 N. Saint Clair St., 23rd Floor
Chicago, IL 60611
Attn: ITE
Fax: 312-202-5829
tsda@tsda.org**