

MIDDLE TENNESSEE SCHOOL OF ANESTHESIA



Verification Requests

Please FAX a signed release ATTN: Rita to (615) 868-9885
or mail to:

MTSA
P.O. Box 417
Madison, TN 37116
RE: Verification Request

There is no charge for verifications.

(Release must be hand signed and dated. Please include the individual's social security number and date of birth)

*Please allow 2 working days to process your
verification request once we receive it.*
*If you need additional information call (615) 868-6503
or e-mail at info@mtsa.edu*