



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
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CERTIFICATE OF COMPLETION OF AOA OR ACGME POSTGRADUATE TRAINING

This form is required to apply for a Postgraduate Training License (PTL) and physician and surgeon certificate (license) to verify that applicant has completed the required 36 months of postgraduate training to be eligible for licensure. This form must be completed by all postgraduate training programs the applicant completed one or more years.

APPLICANT INFORMATION

Name: Last	First	Middle	Suffix

Date of Birth (mm/dd/yyyy)	Last 4 digits of SSN or ITIN	Osteopathic Medical School of Graduation

POSTGRADUATE TRAINING PROGRAM INFORMATION

Facility Name

Facility Address (street)	City	State	Zip Code

Specialty	Accreditation (AOA or ACGME) and Accreditation Number

Dates of Training: Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)

Program Director must provide the Osteopathic Medical Board a written explanation for any "yes" answer to questions # 1-8. The explanation must be on the program letterhead, signed and dated by the Program Director and mailed directly to the Board with this form.

1. Did the applicant ever receive partial or no credit during his/her postgraduate training? Yes No
2. Did the applicant ever take a leave of absence or break from his/her postgraduate training? Yes No
3. Was the applicant ever terminated, dismissed, or expelled from the postgraduate training? Yes No
4. Was the applicant ever placed on probation? Yes No
5. Was the applicant ever disciplined or placed under investigation? Yes No
6. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason? Yes No
7. Did the program decline to renew or offer the applicant a postgraduate training program contract for a following year? Yes No

GENERAL MEDICINE TRAINING REQUIREMENT FOR LICENSURE

To be eligible for a California osteopathic physician and surgeon certificate (license), applicants who are graduates of an Osteopathic Medical School must complete at least four months of postgraduate training in GENERAL MEDICINE. The GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant had direct patient care responsibilities for at least four months in any particular specialty or sub-specialty.

8. Did the applicant complete a minimum of four months of general medicine as part of this postgraduate training program? Yes No

APPLICANT INFORMATION

Legal Name: Last	First	Middle	Suffix

ATTENTION: POSTGRADUATE TRAINING PROGRAM DIRECTOR

Do not sign and date this form prior to the last day of any postgraduate training year which will be used by the applicant to qualify for licensure.

Completion of this form will certify that the applicant has satisfactorily completed a period of accredited postgraduate training at this facility and that the applicant has acquired the skills and qualifications necessary to safely assume the unrestricted practice of medicine in this state. Only the Program Director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

PROGRAM DIRECTOR OFFICIAL CERTIFICATION

The Program Director signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the particular postgraduate level and that he/she satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance. The Program Director is attesting to the fact that the applicant has acquired the skills and qualifications necessary to safely assume the unrestricted practice of medicine in this state.

I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on this form is true and correct. I further certify that the training program is accredited by the AOA or ACGME to offer the type and level of training completed by the applicant named on this form, and the applicant was trained in an AOA or ACGME slotted program position.

Print name of program director

Signature of program director
(Signature Stamp is not Acceptable)

Date

NOTE: Place program seal below as indicated. If a program seal is not available, the program director shall sign in the presence of a notary public and have notary complete AND place seal in box below.

SIGNATURE OF PROGRAM DIRECTOR: _____
(Sign Full Name in the Presence of Notary Public)

A notary public or other officer completing this certificate verifies only the identity of the individual who signs the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that documents.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20 _____,

By, _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.
(Print Program Director's Name)

(Signature of Notary Public)

PROGRAM OR NOTARY SEAL

NOTE: The completed form(s) must be mailed directly from the program to the Board to be acceptable.