



# Certification of Completion of AOA or ACGME Postgraduate Training

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<p>The submission of this form is required to apply for an osteopathic physician's and surgeon's certificate (license) and verifies that the applicant has completed the required 12 months of postgraduate training needed for licensure <a href="#">16 CCR § 1611 (e)</a>. <b>Note:</b> Effective January 1, 2022, applicants not holding a full, unrestricted license are required to complete 36 months of postgraduate training, 24 months of which must be in the same training program as a condition of retaining their physician and surgeon license.</p>				BOARD USE ONLY   APPLICANT INFORMATION <input type="radio"/>
<b>APPLICANT INFORMATION</b>				
<b>Full Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix</b>	
				FACILITY INFORMATION <input type="radio"/>
<b>Date of Birth</b>	<b>Last 4 digits of SSN</b>	<b>Osteopathic Medical School of Graduation</b>		
<b>POSTGRADUATE TRAINING PROGRAM INFORMATION</b>				TRAINING DATES <input type="radio"/>
<b>Facility Name</b>				
<b>Facility Address (Street)</b>		<b>City</b>	<b>State</b>   <b>Zip Code</b>	
<b>Specialty</b>		<b>Accreditation Number &amp; Type (AOA/ACGME)</b>		
<p>I certify that _____ completed the above training which consisted of ____ months of actual clinical instruction approved by the American Osteopathic Association (AOA) or Accreditation Council for Graduate Medical Education (ACGME).</p>				GENERAL MEDICINE <input type="radio"/>
<b>Training Start Date</b>		<b>Training End Date</b>		
<b>GENERAL MEDICINE TRAINING REQUIREMENT FOR LICENSURE</b>				
<p>Applicants who are graduates of a COCA Accredited osteopathic medical school must complete at least four months of postgraduate training in GENERAL MEDICINE.</p> <p>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 specialty or sub- specialty area. If the General Medicine requirement is satisfied by training in a specialty area other than family practice, internal medicine, surgery, pediatrics, obstetrics and gynecology, the Program Director must submit a description of the type of training in sufficient detail to allow the Board to determine whether the training meets the requirement.</p>				
<p>1. Did the applicant complete a minimum of four months of general medicine as part of this postgraduate training program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>				
<b>ROTATIONS</b>				
<p><b>Please attach a printout/list of rotations.</b>  <b>If service was not rotating, indicate type of straight training performed.</b></p>				

**UNUSUAL CIRCUMSTANCES**

**Program Director or DIO:** Provide a signed and dated letter of explanation, including dates, for any "Yes" response to questions # 2-8. The explanation must be provided on program letterhead and submitted directly to the Board with this form.

2. Did the applicant ever receive partial or no credit during postgraduate training?  Yes  No

3. Did the applicant ever take a leave of absence or break from their postgraduate training?  Yes  No

4. Was the applicant ever terminated, dismissed, or expelled from the postgraduate training program?  Yes  No

5. Was the applicant ever placed on probation?  Yes  No

6. Was the applicant ever disciplined or placed under investigation?  Yes  No

7. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason, which may include, but is not limited to, a corrective action plan, performance improvement plan, remediation plan, individual development plan, and any type of informal or progressive disciplinary or non-disciplinary action?  Yes  No

8. Did the program decline to renew or offer the applicant a postgraduate training program contract for a following year?  Yes  No

PGY DISCIPLINE

**ATTENTION: PROGRAM DIRECTOR**

The program director or the designated institutional official (DIO) must sign this form. If the program director or the DIO is delegating that signature authority to another person, attach evidence of that delegation to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months. The person who signs this form may not be related to the applicant by blood, marriage, or adoption.

**PROGRAM DIRECTOR OFFICIAL CERTIFICATION**

The program director or the DIO signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the postgraduate level and that the applicant satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance.

*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.*

Program Director or DIO Name (Printed)		Address
Email	Phone	Alternate Phone

PROGRAM DIRECTOR  
SIGNATURE

\_\_\_\_\_  
**SIGNATURE OF PROGRAM DIRECTOR OR DIO** ⓘ  
 (Signature stamps are not acceptable)

\_\_\_\_\_  
**DATE**

**PROGRAM SEAL**  
(If available)

PROGRAM SEAL