



Osteopathic Medical Board of California

# Postgraduate Training Program Enrollment Form

1300 National Drive, Suite 150, Sacramento CA 95834-1991 | P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

| RESIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Full Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | First Name           | Middle Name                                                                                                                                    | Suffix           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Last 4 digits of SSN | Osteopathic Medical School of Graduation                                                                                                       |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| PROGRAM DIRECTOR TO COMPLETE AOA or ACGME TRAINING INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                |                  |
| <p><b>Note:</b> The start date of clinical training should not include time spent in non-clinical orientation. A signed and dated letter of explanation listing detailed information including dates is required if the anticipated end date includes research years and/or the program length is longer than what is reflected on AOA or ACGME's website. The Postgraduate Training License will only be valid during research years that occur in the middle of the clinical training required for licensure AND if the resident remains enrolled in the AOA or ACGME Accredited program when conducting research.</p>                                                                                                                                                        |                      |                                                                                                                                                |                  |
| Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| Facility Address (Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | City                                                                                                                                           | State   Zip Code |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| Specialty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | Accreditation Number & Type (AOA/ACGME)                                                                                                        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| Training Start Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | Original Anticipated End Date                                                                                                                  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| PROGRAM TYPE: <input type="checkbox"/> Transitional <input type="checkbox"/> Preliminary/Internship <input type="checkbox"/> Categorical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                |                  |
| 1. Will the resident be completing research during training that requires them to take a break from training, a leave of absence, change the anticipated clinical training end date, and/or no longer be enrolled in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                |                  |
| <i>If "Yes," please complete the Research Period (Questionnaire) Form (OMB. 30)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                |                  |
| PROGRAM DIRECTOR OFFICIAL CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                |                  |
| 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. <b><i>If the resident moves, transfers to another program, is terminated, resigns, or takes a leave of absence resulting in a change to the PTL expiration date, the program director must submit a Postgraduate Training Program Status Update/Change Form (OMB. 24) directly to the Board within 30 days.</i></b> |                      |                                                                                                                                                |                  |
| Program Director or DIO Name (Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Address                                                                                                                                        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                | Alternate Phone                                                                                                                                |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                |                  |
| _____<br><b>SIGNATURE OF PROGRAM DIRECTOR OR DIO</b> ⓘ<br>(Signature stamps are not acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>PROGRAM SEAL</b><br/>             (If available)           </div> |                  |
| _____<br><b>DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                |                  |

FACILITY INFORMATION

TRAINING DATES

PROGRAM DIRECTOR SIGNATURE