

Osteopathic Medical Board of California

Research Period (Questionnaire) Form

1300 Natio	onal Drive, S	Suite 150,	Sacramento	CA 95	834-1991 P (91	6) 928-8390 F	(916) 92	28-8392	www.	.ombc.ca.gov
If the Pro	gram Direc	tor or the	designated	instituti	ional official (DIC) indicates tha	t the re	sident will	be	
					as part of their Bo	ard approved tr	aining p	orogram, t	hey	BOARD USE ONLY
must com	nplete this fo	rm and su	ıbmit it with t	he <u>OM</u>	3. 23 or <u>OMB. 24</u> .					
RESIDEN	IT INFORM	ATION								
Full Last N	lame		First Name			Middle Name		Suffi	X	
Date of Bi	irth	Last A dia	gits of SSN	Ostoo	pathic Medical S	shool of Cradus	tion		_	RESIDENT
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POSTGR	ADUATE TI	RAINING	PROGRA/	M INFO	RMATION					
Facility No	ame									
					1					FACILITY INFORMATION
Facility A	ddress (Stree	et)			City		State	Zip Code	е	0
Specialty					Accreditation N	umber & Type (/	ΔΟΔ/ΔΟ	GMF)		
op columy					Accicalianon	omber a type (/	10A, AC	-Civil)		
Training S	tart Date				Original Anticip	ated End Date				TRAINING DATES
										0
					completing resear					
					, a leave of abser		€			
	iniicipaiea (program?	ziinicai ira	ining end ac	ile, ana	or no longer be	enrolled in the		□ Yes □	No	
۲	nogramy								110	
			ving questions							
а		the reside	ent expecte	d to co	mmence and co	omplete the res	search			
	period?									
Start Date	•				End Date					
b	. What da	te is the	resident exc	ected t	to be enrolled in	the AOA or A	CGMF			
_					ng program?		001112			
Start Date	•				End Date					
С	. Will the r	esident re	main enrolle	ed in th	e AOA or ACGM	NE Accredited to	raining			
			e research p				J	□ Yes □	No	
	NACH II.			1 (101 1001	45 A	. 15 . 5 1			
d					by AOA or ACGN	ME Accredited (clinical			
	iraining C	ompleted	d during the r	esedici	i penous			□ Yes □	No	
If "Yes," ple	ease provide	the numbe	r of months of	credit the	at the resident is exp	pected to receive.				
Number o	of months									
е		ne anticina	ated date th	ne reside	nt will have obtai	ined 12 months	of			
					ate training credi					
Anticipate	ed Date									

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. I hereby declare under penalty of perjury under the laws of the State of California that 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.									
Program Director or DIO Name (Printed)	Address								
Email	Phone	Alternate Phone							
SIGNATURE OF PROGRAM DIRECTOR ((Signature stamps are not accepted)	OR DIO 🕢	PROGRAM SEAL (If available)							