Osteopathic Medical Board of California
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POSTGRADUATE TRAINING PROGRAM STATUS UPDATE/CHANGE FORM

TRAINEE INFORMATION

Legal Name: Last	First	Middle	Suffix

PROGRAM DIRECTOR TO COMPLETE AOA OR ACGME TRAINING INFORMATION

Training Program Name:

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

Status Update/Change	Continued Enrollment (Y/N)	No Longer Enrolled Effective: (mm/dd/yyyy)
	Yes No	

1. Did the trainee resign from the program? If Yes: Date: _ _/_ _/ _ _ _ _ ☐ Yes ☐ No

2. Did the trainee ever take a leave of absence or break from his/her training? ☐ Yes ☐ No
Dates of leave: Start date: _ _/_ _/_ _ _ _ through End date: _ _/ _ _/_ _ _ _

3. Was the trainee ever terminated, dismissed or expelled? **A "Yes" response requires a written explanation that is signed and dated**. Effective Date: _ _/_ _/_ _ _ _ ☐ Yes ☐ No

4. Did the program decline to renew or offer the trainee a postgraduate training program contract for the following year? **A "Yes" response requires a written explanation signed and dated**. ☐ Yes ☐ No

5. Did the trainee transfer to another program? ☐ Yes ☐ No
If Yes: Location:_____ Date: _ _/_ _/_ _ _ _

6. Is there another reason for the status update or change? **A "Yes" response requires a written explanation signed and dated.** ☐ Yes ☐ No

PROGRAM DIRECTOR SIGNATURE

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)

PROGRAM OR NOTARY SEAL

_____
(Signature of Notary Public)

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