



# Postgraduate Training Program Status Update/Change Form

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<p>If the resident holds a Postgraduate Training License (PTL) and transfers to another program, is terminated, resigns, takes a leave of absence, or has any other program change affecting the PTL's expiration date or status, a Program Status Update/Change Form is required from the program director within 30 days.</p>				<p>BOARD USE ONLY</p>	
<p><b>RESIDENT INFORMATION</b></p>					
Full Last Name	First Name	Middle Name	Suffix		
Date of Birth		PTL Number	Osteopathic Medical School of Graduation		<p>RESIDENT INFORMATION</p> <input type="radio"/>
<p><b>POSTGRADUATE TRAINING PROGRAM INFORMATION</b></p>					
Facility Name				<p>FACILITY INFORMATION</p> <input type="radio"/>	
Facility Address (Street)		City	State		Zip Code
Specialty		Accreditation Number & Type (AOA/ACGME)			
Training Start Date		Original Anticipated End Date		<p>TRAINING DATES</p> <input type="radio"/>	
<p>1. Did the resident complete, or will they 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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><i>If "Yes," please complete the Research Period (Questionnaire) Form (OMB. 30)</i></p>					
<p>2. Will the resident continue enrollment in the program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," proceed to Section A</i>  <span style="float: right;"><input type="checkbox"/> No</span> <i>If "No," proceed to Section B</i></p>					
<p><b>SECTION A Continued Enrollment in a California Program</b></p>					
<p><b>Program Director or DIO:</b> Provide a signed and dated letter of explanation, including dates, for any "Yes" response to questions.</p>					
New Anticipated End Date				<p>SECTION A COMPLETE</p> <input type="radio"/>	
<p>3. Did the resident take a leave of absence (LOA) or break from training? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><i>If the length of the program extension is shorter than the length of the approved time off, were any leave credits used? If "yes," please provide a detailed listing of dates, type of leave used, and the program's current leave policy in the letter of explanation.</i></p>					
Training Start Date		Training End Date			
<p>4. Did the program extend the resident's postgraduate training due to probation or remediation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>					
Training Start Date		Training End Date			
<p>5. Did the resident receive partial or no credit during postgraduate training? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>					
Months of credit granted					

## SECTION B No Longer Enrolled in a California Program

**Program Director:** For "Yes" responses to questions 6-10, provide a completed Certification of Completion of AOA/ACGME Postgraduate Training, Form ([OMB. 25](#)), with OMB. 24 form and the signed and dated letter of explanation including dates, and circumstances. Mail all completed form(s) and explanation(s) directly to the Board to be acceptable.

6. Did the resident resign from the program?  Yes  No

*In the letter of explanation, include the date of the resident's final day and the reason for the resignation.*

**Resignation Date**

7. Did the program terminate or dismiss the resident?  Yes  No

*In the letter of explanation, include the date of the resident's final day and the reason for the termination or dismissal from the program.*

**Effective Date**

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

*In the letter of explanation, include the reason for the decision to not renew or offer the resident a contract for the following year.*

9. Did the resident transfer to another program?  Yes  No

*In the resident transferred to another California AOA or ACGME accredited training program, the resident must request a Postgraduate Training License Enrollment Form ([OMB. 23](#)) from the new program.*

**Transfer Date**

**Reason for transfer**

**Program Name and Specialty if known**

10. Is there another reason for the update or change?  Yes  No

### 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 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**

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

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

**PROGRAM SEAL**  
 (If available)

SECTION B  
 COMPLETE



PROGRAM DIRECTOR  
 SIGNATURE

