

Please type or print.



CERTIFICATE OF APPROVED RESIDENCY PROGRAM TRAINING

Completion of this form will certify that the applicant referenced below has satisfactorily completed a period of podiatric residency training at this facility and that the applicant has acquired the skill and qualification necessary to safely assume the practice of podiatric medicine in California. Approved Podiatric Residencies Programs are those that have been fully approved by the Council on Podiatric Medical Education. *Certification must be completed by each residency program and mailed directly from the residency program to the Board to be acceptable.*

TO BE COMPLETED BY APPLICANT:

Name:		Date of Birth:					
	TO BE COMPLE	ETED BY RES	IDENCY PROGRAM DIF	RECTOR:			PMBC Use Only
Name of Resident Program:							
Name of Sponsoring Facility:							
Address of Sponsoring Facility:							
Training start date	e:		Training end date:				
		Date			Date		
Residency category:							
RPR, POR, PPMR, PMSR, PSR-12, PSR-24, PSR024+, PM&S-24 OR PM&S-36							
Completed at least two years of this program, is making satisfactory progress and is expected to							
complete this program on							
		Date	9				
Completed this program on							
		Date	9				
UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING							
1. Has he/she ever received partial or no credit for a postgraduate training program?					□ Yes	□ No	
2. Has he/she ever taken a leave of absence or break from your training?					□ Yes	□ No	
3. Has he/she ever been terminated, dismissed or expelled from a program?					□ Yes	□ No	
4. Has he/she ever resigned from a program? □ Yes □ N					□ No		
5. Was he/she ever placed on probation for any reason?					□ No		
							P4A

UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING continued								
6. Was he/she ever disciplined or placed under investigation?	s 🗆 No							
7. Were any incident reports ever filed against him/her?	s 🗆 No							
8. Were any limitations or special requirements placed upon him/her for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?	s 🗆 No							
9. Has he/she ever had a postgraduate training program contract not be renewed or offered for a following year?	s 🗆 No							
Program Director: Please provide a signed and dated letter of explanation for any "yes" responses to questions $1 - 9$. The explanation must be provided on program letterhead and mailed directly to the Board from the residency program with this form.								
PROGRAM DIRECTOR OFFICIAL CERTIFICATION								
I,	arefully read bect.							