



Certificate of Completion of CODA Postgraduate Training (APPLICANTS ONLY)

MBC USE ONLY

APPLICANT INFORMATION

Note: To qualify for a Physician's and Surgeon's (P&S) License in California, the resident, who is a graduate of a U.S./Canadian medical school must receive credit for 12 months of Board-approved postgraduate training accredited by the Accreditation Council for Graduate Medical Education (ACGME); Royal College of Physicians and Surgeons of Canada (RCPSC); or the College of Family Physicians of Canada (CFPC).

CODA-accredited postgraduate training must be part of an oral and maxillofacial surgery postgraduate training program as a resident after receiving a medical degree from a combined dental and medical degree program.

Medical School Graduate: (Check One)**U.S. or Canadian****International**

App Type

☐**Full Legal Name**

Full Last Name	First Name	Middle Name	Suffix
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Applicant Information

☐**Date of Birth** **U.S. SSN or ITIN** **P&S License #** **Medical School of Graduation**

(mm/dd/yyyy)	(Last 4 digits)	(if applicable)	
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PROGRAM DIRECTOR OR DIO TO COMPLETE CODA TRAINING INFORMATION

Facility Name

Required

Facility Address

Required

Specialty**Dates of Clinical Training**

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Do not include ACGME training or medical school attendance dates.

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Verified Program Information

Facility Name

☐

Verified Program

☐

Specialty

☐

Dates of Training

☐☐

Dates of Training

☐☐

of Months

☐

How many months of credit has the applicant received of CODA-accredited training at the time this form is signed? Do not count completed months in a different program and/or the anticipated number of months to be completed.

Total Number of Months:

UNUSUAL CIRCUMSTANCES

Program Director: Provide a signed and dated letter of explanation, including dates, for any "Yes" response(s) to questions # 1-7. The explanation must be provided on program letterhead and submitted directly to the Board with this form.

1. Did the applicant receive partial or no credit during their postgraduate training? ☐ Yes ☐ No
2. Did the applicant ever take a leave of absence or break from their training? ☐ Yes ☐ No
3. Was the applicant ever terminated or dismissed? ☐ Yes ☐ No
4. Was the applicant ever placed on probation? ☐ Yes ☐ No
5. Was the applicant ever disciplined or placed under investigation? ☐ Yes ☐ No
6. Has the applicant ever had any limitations or special requirements placed upon them for clinical performance, professionalism, medical knowledge, discipline, or for any other reason, which may include, but is not limited to, a corrective action plan, performance improvement plan, remediation plan, individual development plan, and any type of informal or progressive disciplinary or non-disciplinary action? ☐ Yes ☐ No
7. Did the program decline to renew or offer the applicant a postgraduate training program contract for the following year? ☐ Yes ☐ No

Form **CODA1**

APPLICANT INFORMATION

Full Legal Name

Full Last Name	First Name	Middle Name	Suffix
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MBC USE
ONLY

Applicant
Name
☐

ATTENTION: PROGRAM DIRECTOR

This form may be signed up to 30 days prior to the last day of any postgraduate training period used to qualify the resident for a Physician's and Surgeon's License. Completion of the training program is not required for the program director or the designated institutional official (DIO) to complete the form. The form may be signed either: 30 days prior to the resident obtaining credit for the required months of training; or after each year completed; or once the resident's training concludes in the program. For example, if the resident is enrolled in a 36-month program and 12 months of training are needed to qualify the resident for licensure, then the form may be signed after the resident obtains credit for 11 months of training. Completion of this form will certify that the applicant has satisfactorily completed a period of accredited postgraduate training at this facility.

The program director or the 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.

PROGRAM DIRECTOR OFFICIAL CERTIFICATION

The program director or the DIO signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the postgraduate level and that the applicant satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance.

I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on these forms is true and correct. I further certify that the training program is accredited by CODA to offer the type and level of training completed by the applicant named on this form, and the applicant was trained in a CODA-slotted program position.

Verified
PD or
DIO
Staff
Initials
&
Date

PRINTED NAME OF PROGRAM DIRECTOR OR DIO

SIGNATURE OF PROGRAM DIRECTOR OR DIO

DATE

Program
Director or
DIO
Signature &
Date
☐

Note: The program must submit the completed form directly to the Board through the Board's Direct Online Certification Submission (DOCS) portal to be acceptable. Please note: the applicant must have an open application with the Board to use the DOCS portal.

Form **CODA2**