



Current Postgraduate Training Verification

This Form is to verify current enrollment in an ACGME/RCPC/CFPC accredited postgraduate training program in order to qualify for the Reduced Initial License Fee.

APPLICANT INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
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MBC USE ONLY
Applicant Information

Date Of Birth

U.S. SSN or ITIN

Medical School of Graduation

(mm/dd/yyyy)	(Last 4 digits)	
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PROGRAM DIRECTOR TO COMPLETE ACGME, RCPC, OR CFPC TRAINING INFORMATION

Facility Name

Facility Address

Verified Program Information

Specialty

Required	ACGME 10-digit Program# https://apps.acgme.org/ads/Public	Required
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Verified PD Staff Initials & Date:

Dates of Training

Start Date (mm/dd/yyyy)	Anticipated completion date: (mm/dd/yyyy)
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PROGRAM DIRECTOR OFFICIAL CERTIFICATION

Only the program director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached 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 ACGME, RCPC, or CFPC to offer the type and level of training to the above named applicant and that the applicant is actively participating in a slotted position in an accredited ACGME, RCPC, or CFPC postgraduate training program.

Verified PD Staff Initials & Date

PRINTED NAME OF PROGRAM DIRECTOR

SIGNATURE OF PROGRAM DIRECTOR

DATE

Program Director's Signature & Date

Note: If a program seal is not available, the program director shall also sign in the section below in the presence of a notary public.

SIGNATURE OF PROGRAM DIRECTOR:

(SIGN FULL NAME IN PRESENCE OF NOTARY)

Program Director's Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this

_____ day of _____, 20____,

Print Program Director's Name

by, _____

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SIGNATURE OF NOTARY PUBLIC

(PROGRAM or NOTARY SEAL)

Notary Signature & Seal

Program Seal

Note: The completed form must be submitted directly from the program to the Board to be acceptable

Form **CTV**