



Medical Board of California

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.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

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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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: The program must submit the completed form directly to the Board's Direct Online Certification Submission (DOCS) portal, if the applicant has an open application with the Board, to be acceptable

Form **CTV**