



Medical Board of California

# Initial License Renewal Verification of ACGME/RCPSC/CFPC/CODA Postgraduate Training (LICENSEES ONLY)

The Program Director or designated institutional official (DIO) must complete and submit Form ILR verifying credit obtained in a Board-approved postgraduate training program.

**Licensing Program**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
Phone: (916) 263-2382  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

## APPLICANT INFORMATION

MBC USE ONLY

### 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 California P&S License # P&S License Expiration Date

(mm/dd/yyyy)	(Last 4 digits)		(mm/dd/yyyy)
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## PROGRAM DIRECTOR TO COMPLETE SECTIONS BELOW - ALL FIELDS ARE REQUIRED

### Facility Name

Verified Program Information

### Facility Address

  

### Specialty

	<b>ACGME 10-digit Program#</b> <a href="https://apps.acgme.org/ads/Public">https://apps.acgme.org/ads/Public</a>	
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Specialty/ACGME #

### Dates of Clinical Training

Start Date (mm/dd/yyyy)	End Date (or anticipated completion date): (mm/dd/yyyy)
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Dates of Training

How many months of credit of Board-approved training did the applicant receive 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

# of Months

Will the licensee be enrolled in a California Board-approved postgraduate training program at the time their license expires?  Yes  No

Enrolled

If marked "yes" please confirm program start date here: \_\_\_\_\_  
Program Start Date (mm/dd/yyyy)

Enrolled Date

If the licensee disenrolls from the program, you are required to notify the Board by submitting a [Program Status Update/Change Form](#).

**ATTENTION: PROGRAM DIRECTOR:** This form may be signed up to 30 days prior to: completing a year of postgraduate training; or the anticipated last day of postgraduate training if less than one year; or the last day of completion of the program. The program director or the designated institutional official (DIO) must sign this form. If the program director or DIO is delegating signature authority to another person, attach evidence of delegation to this form (may be a photocopy). Such delegation must be on official letterhead and 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.

**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 information contained on this form is true and correct. I further certify that the training program is accredited by the ACGME, RCPSC, CFPC, or CODA to offer the type and level of training completed by the applicant named on this form, and the applicant was trained in an ACGME, RCPSC, CFPC, or 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's Signature & Date

**The program must submit the completed form directly to the Board through the Board's Direct Online Certification Submission (DOCS) portal.**

Form **ILR**