



# Program Status Update/Change Form

If the resident holds a Postgraduate Training License or Physician's and Surgeon's License and transfers to another program, is terminated, resigns, takes a leave of absence, or has any other program change affecting the license expiration date or status, a Program Status Update/Change Form is required from the program director or designated institutional official (DIO) within 30 days.

## RESIDENT INFORMATION

MBC USE ONLY

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

Med School

### Full Legal Name

Full Last Name	First Name	Middle Name	Suffix
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Applicant Information

### License Number

Required

### Date of Birth

(mm/dd/yyyy)

## PROGRAM DIRECTOR TO COMPLETE ACGME TRAINING INFORMATION

Program Name

Program Name

Specialty

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

Dates of Clinical Training	Start Date (mm/dd/yyyy)	Original Anticipated End Date: (mm/dd/yyyy)
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& Date:

- Did the resident complete, or will they be completing, research during training that requires them to take a break from training, a leave of absence, change the anticipated clinical training end date, and/or no longer be enrolled in the program?  Yes  No *If "Yes", please complete the [Research Period Questionnaire, Form RES1-RES2](#).*
- Will the resident continue enrollment in the program?  Yes *If "Yes" proceed to Section A.*  No *If "No" proceed to Section B.*

## SECTION A – Continued Enrollment in a California Program

**Program Director:** Provide a signed and dated letter of explanation, on program letterhead, including dates, and circumstances for any "yes" response.

New Anticipated End Date (mm/dd/yyyy)

& Date:

- Did the resident take a leave of absence (LOA) or break from training?  Yes  No  
*If the length of the program extension is shorter than the length of the approved time off, were any leave credits used? If yes, please provide a detailed listing of dates, type of leave used, and the program's current leave policy in the letter of explanation.*

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
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- Did the program extend the resident's postgraduate training due to probation or remediation?  Yes  No

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
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- Did the resident receive partial or no credit during postgraduate training?  Yes  No

Months of credit granted

## SECTION B: No Longer Enrolled in a California Program

**Program Director:** For positive responses to questions 6-10, provide a completed Certificate of Completion of ACGME/RCPC/CFPC Postgraduate Training, [Form PTA-PTB](#), with PSU form and the signed and dated letter of explanation including dates, and circumstances. Mail all completed form(s) and explanation(s) directly to the Board to be acceptable.

- Did the resident resign from the program?  Yes  No  
*In the letter of explanation, include the date of the resident's final day and the reason for the resignation.*

Resignation Date (mm/dd/yyyy)

- Did the program terminate or dismiss the resident?  Yes  No  
*In the letter of explanation, include the date of the resident's final day and the reason for the termination or dismissal from the program.*

Effective Date (mm/dd/yyyy)

- Did the program decline to renew or offer the resident a postgraduate training program contract for the following year?  Yes  No  
*In the letter of explanation, include the reason for the decision to not renew or offer the resident a contract for the following year.*

## RESIDENT INFORMATION

### Full Legal Name

Full Last Name	First Name	Middle Name	Suffix
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MBC USE ONLY

Applicant Name

## SECTION B: No Longer Enrolled in a California Program (continued from PSU1)

9. Did the resident transfer to another program?  Yes  No

*If the resident transferred to another California ACGME-accredited training program, the resident must request a Postgraduate Training License Enrollment Form, [Form EF](#), from the new program*

Transfer Date (mm/dd/yyyy)

Reason for Transfer

Program Name and Specialty, if known

10. Is there another reason for the update or change?  Yes  No

## PROGRAM DIRECTOR OFFICIAL CERTIFICATION

The program director or the designated institutional official (DIO) may sign this form. If the program director or the DIO is delegating the 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. 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 to offer the type and level of training to the above-named applicant.*

Verified PD Staff Initials & Date

\_\_\_\_\_  
PRINTED NAME OF PROGRAM DIRECTOR OR DIO

\_\_\_\_\_  
SIGNATURE OF PROGRAM DIRECTOR OR DIO  
(Signature stamps are not acceptable)

\_\_\_\_\_  
DATE

Program Director's Signature & Date

**Note: If a program seal is not available, the program director or the DIO shall also sign in the section below in the presence of a notary public if you are submitting the form by mail.**

**SIGNATURE OF PROGRAM DIRECTOR OR DIO:** \_\_\_\_\_

(SIGN 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\_\_\_\_,

by, \_\_\_\_\_  
PRINT PROGRAM DIRECTOR OR DIO'S NAME

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

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

(PROGRAM or NOTARY SEAL)

Notary Signature & Seal

Program Seal

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**Note: The program must submit the completed form directly to the Board through the Board's Direct Online Certification Submission (DOCS) portal if the resident has an open application with the Board or by mail to be acceptable.**

Form **PSU2**