



COLORADO

Department of Regulatory Agencies

Division of Professions and Occupations

Management Branch
Office of Licensing

CERTIFICATE OF COMPLETION OF ACGME/AOA/CCME POSTGRADUATE TRAINING

SECTION 1

To be completed by applicant and forwarded to the facility where postgraduate training was received and/or completed.

This certifies that _____
Full Name of Applicant
a graduate of _____
Full Name of Medical/Osteopathic School
commenced postgraduate training at _____
Name and Address of Facility

SECTION 2

To be completed by the program director of the facility for ACGME/AOA postgraduate training in the United States or Canada.

on _____, _____ and satisfactorily completed or will complete such training on _____
This training consisted of _____ months of actual clinical instruction and is approved by the Accredited Council for Medical Education (ACGME), the American Osteopathic Association (AOA), or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME) and consisted of the following rotations:
List type and length of training.
ROTATION: _____ LENGTH OF ROTATION: _____
Was this physician's performance completely satisfactory? [] YES [] NO
I hereby declare under penalty of perjury under the laws of the State of Colorado that the above statements are true and correct and the facility is approved by the ACGME/AOA or the CCME to offer the type of level of training completed by the applicant and that the applicant was trained in an approved ACGME or CCME program position.
Program Director _____
Address _____
Phone Number _____ Date _____
Signature _____

