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 University of Colorado Internal Medicine Residency Training Program
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 June 23, 2015 and satisfactorily completed or will complete such training on June 30, 2018.

This training consisted of 36 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:
Internal Medicine	36 months

Was this physician's performance completely satisfactory? ■ **YES** ☐ **NO**

- If **NO**, please attach an explanation.

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 Geoffrey R. Connors, M.D.

Address 12631 East 17th Avenue, Mailstop B177, Aurora, CO 80045

Phone Number 303-724-1784 Date _____

Signature _____