

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			
a graduate of			
commenced postgraduate training at			
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: L	LENGTH OF ROTATION:		
Was this physician's performance completely satisfactory? •If NO, please attach an explanation.	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			

