

## CERTIFICATE OF APPROVED RESIDENCY PROGRAM TRAINING

Completion of this form will certify that the applicant referenced below has satisfactorily completed a period of podiatric residency training at this facility and that the applicant has acquired the skill and qualification necessary to safely assume the practice of podiatric medicine in California. Approved Podiatric Residency Programs are those that have been fully approved by the Council on Podiatric Medical Education. ***Certification must be completed by each residency program and mailed directly from the residency program to the Board to be acceptable.***

### TO BE COMPLETED BY APPLICANT:

Please type or print.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### TO BE COMPLETED BY RESIDENCY PROGRAM DIRECTOR:

BPM Use Only

**Name of Resident Program:** \_\_\_\_\_

**Name of Sponsoring Facility:** \_\_\_\_\_

**Address of Sponsoring Facility:** \_\_\_\_\_

**Training start date:** \_\_\_\_\_

Date

**Training end date:** \_\_\_\_\_

Date

**Residency category:** \_\_\_\_\_

RPR, POR, PPMR, PMSR, PSR-12, PSR-24, PSR024+, PM&S-24 OR PM&S-36

Completed at least **two years** of this program, is making satisfactory progress and is expected to complete this program on \_\_\_\_\_

Date

Completed this program on \_\_\_\_\_

Date

### UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING

- |   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| 1. Has he/she ever received partial or no credit for a postgraduate training program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 2. Has he/she ever taken a leave of absence or break from your training?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 3. Has he/she ever been terminated, dismissed or expelled from a program?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 4. Has he/she ever resigned from a program?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 5. Was he/she ever placed on probation for any reason?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

**P4A**

