

## VERIFICATION OF RESIDENCY TRAINING an IN-SERVICE EXAMINATION

TO: AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS

**This form must be fully completed by the Director of Medical Education, Family Medicine Program Director or Family Medicine Residency Program Administrator and submitted with resident's application for the family medicine certification examination. Residency program must be AOA-approved or if an ACGME program, an application for individual AOA approval of training must be submitted to the AOA Department of Trainee Services for approval upon completion of training.**

**NOTE:** This form must be completed, printed, signed, scanned and uploaded (with the original signature as indicated below) when submitting the exam application(s).

Resident's Full Name:

Residency Program Name:

Program Number/Site Code:

ACGME 1 (PGY-1):

ACGME 2 (PGY-2):

ACGME 3 (PGY-3):

Residency Start Date:

Anticipated Completion Date:

ISE/ISE+ Examination (Date):

ISE/ISE+ Examination (Date):

### **Program Director or DME Contact Information**

Full Name:

Title:

Phone:

Email:

Date:

Signature:

*Signature of Program Director, or DME must match name above*

Residents must return with all required application materials with the application submission.