



# AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS

## VERIFICATION OF RESIDENCY TRAINING and 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. The residency program 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 Site:  
ACGME 1:

ACGME 2:

ACGME 3:

Residency Start Date:                      End Date:

Program Number/Site Code:

*Program Director, DME, or Program Coordinator* Contact Information

Name:

Title:

Phone

Email

Date:

Signature:

*Signature of Program Director, DME, or Program Coordinator*

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