



AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS

RESIDENT AMBASSADOR PROGRAM - NOMINATION FORM

This form is to be completed by the Program Director

Resident Name: _____

Resident Email: _____

Resident Phone Number: _____

Osteopathic Medical College: _____

Program Director: _____

Program Director Email: _____

Program Director Phone: _____

Anticipated fellowship training:

Describe: _____

☐ **None, resident plans to focus on general Family Medicine**

Resident Ambassador Program Verification of Residency Completion

This form serves as your attestation to the verification of residency training in Family Medicine for the physician named below.

Resident Name: _____

☐ I attest that this physician is currently enrolled as a resident physician in this Family Medicine residency program since Date: _____

MM/DD/YYYY

This physician is currently enrolled in:

☐ PY1

☐ PY2

☐ PY3

☐ PY4

Please explain why this resident would be a good ambassador:



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Professionalism

____ I attest that this physician had no disciplinary actions during residency and that if there were disciplinary actions, they were completely remediated. (If NO, please explain in an attached letter)

Program Director Signature

MM/DD/YYYY

Program Director Name (Printed)

Osteopathic Medical College Name

Submit the completed form to aobfp@osteopathic.org – attention Deb Dupnik