

VERIFICATION OF RESIDENCY TRAINING

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.

Resident's Name: _____

Residency Site: _____
OGME 1 – 3 or
ACGME 1 – 3

Residency Start Date: _____ End Date: _____

AOA Program Number/Site Code: _____
(if applicable)

This is to confirm that the above resident is currently in the named ___ AOA-approved family medicine residency program OR the ___ ACGME-approved program

Signature: _____
Signature of Program Director, DME, or Program Coordinator

Name: _____

Title: _____

Phone: _____

Email: _____

Date: _____

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