NAME:_____ SS#:_____

PRINT LEGIBLY

FORM B
CERTIFICATE OF POSTGRADUATE TRAINING FORM

INSTRUCTIONS: Complete all items, including all required documentation, signatures, and seals.

PART 1: To be completed by the Applicant

LAST NAME **FIRST NAME** **MIDDLE INITIAL**

DATE OF BIRTH	TELEPHONE NUMBER HOME: WORK:

GEORGIA GME PRACTICE ADDRESS:

CITY	STATE	ZIP CODE

PART 2: To be completed by the Incoming Program Director

TYPE OF PROGRAM: CIRCLE THE YEAR OF TRAINING

PGY1 PGY2 PGY3 PGY4 PGY5 PGY6 PGY7

Name of Training Program (i.e., Internal Medicine, Psychiatry) _____

Must Complete

Beginning date of training in GA program:	**Projected Completion Date in GA program:**	

This section must be completed by the Program Director (Incoming Program) who is licensed in Georgia.

PROGRAM DIRECTOR'S AFFIDAVIT

I hereby recommend the above applicant be granted a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. I hereby recommend the above applicant be granted a postgraduate training permit. **I understand that I must report to the Board the following within 15 days of the event: any disciplinary action taken against the permit holder for any ground or violation enumerated in O.C.G.A. §§ 43-34-37 and 43-1-19, the permit holder's withdrawal or termination from or completion of a postgraduate training program, or the permit holder who has an unauthorized absence from the program for any length of time in excess of two weeks.**

Please type or print:

Program Director's Name Title

Signature **Date**

Notary/University Seal Imprinted Here

Sworn to and subscribed before me this

_____ day of _____, 20_____.
DATE MONTH YEAR

SIGNATURE OF NOTARY PUBLIC or UNIVERSITY REPRESENTATIVE

EXPIRATION STAMP must be stamped here