2024-2025 CERTIFICATE OF POSTGRADUATE TRAINING FORM - RENEWAL

	<u>PAR1</u>	<u>Г 1</u> : То be comp	ietea by the <u>Re</u>	esident	
LAST NAME		FIRST NAME			MIDDLE INITIAL
DATE OF BIRTH	TELEPHONE N	NUMBER	V	VORK:	
CURRENT GEORGIA GME OFFICE			v	VOICIC.	
CITY			STATE		ZIP CODE
PART 2: To be complet	ed by the <u>Pro</u>	gram Director			
TYPE OF PROGRAM: AS OF	JULY 1, 2024, IND	ICATE THE YEAR OF	TRAINING		
PGY1 PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Name of Training Progra	am (i.e., Intern	al Medicine, Psyc	chiatry)		
Must Complete:					
Initial GEORGIA RTP Start Dat	ъ.	Projected GFO	RGIA RTP Complet	ion Date:	
		·	RGIA RTP Complet		ia
This portion of the application	on must be comp PROGR ove applicant to acts as may be	pleted by the Program RAM DIRECT the renewed a pose prescribed by or	n Director who is lied	rensed in Georgi FFIDAVI ng permit. I	hereby certify that he/she ram, that he/she may train
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Revised: 2-2024