



Medical Board of California
**Certificate of Completion of CODA
 Postgraduate Training**

Licensing Program
 2005 Evergreen Street, Suite 1200
 Sacramento, CA 95815-5401
 Phone: (916) 263-2382
www.mbc.ca.gov

MBC USE ONLY

APPLICANT INFORMATION

Note: To qualify for a Physician's and Surgeon's (P&S) License in California, the resident, who is a graduate of a U.S./Canadian medical school must receive credit for 12 months of Board-approved postgraduate training accredited by the Accreditation Council for Graduate Medical Education (ACGME); Royal College of Physicians and Surgeons of Canada (RCPSC); or the College of Family Physicians of Canada (CFPC).

As a requirement of the initial P&S License renewal, in addition to the 12 months of Board-accredited training, the P&S licensee must provide evidence of completing at least 24 months of postgraduate training accredited by the Commission on Dental Accreditation (CODA) to meet the initial renewal requirement. CODA-accredited postgraduate training must be part of an oral and maxillofacial surgery postgraduate training program as a resident after receiving a medical degree from a combined dental and medical degree program.

Medical School Graduate: (Check One) **U.S. or Canadian** **International**

Full Legal Name

Full Last Name	First Name	Middle Name	Suffix
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Date of Birth (mm/dd/yyyy)	U.S. SSN or ITIN (Last 4 digits)	License # (if applicable)	Medical School of Graduation
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App Type

Applicant Information

PROGRAM DIRECTOR OR DIO TO COMPLETE CODA TRAINING INFORMATION

Facility Name	Required		
Facility Address	Required		
Specialty			
Dates of Clinical Training	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
Do not include ACGME training or medical school attendance dates.	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	

Verified Program Information

Facility Name

Verified Program

Specialty

Dates of Training

Dates of Training

How many months of credit has the applicant received of CODA-accredited training at the time this form is signed? Total Number of Months:

of Months

UNUSUAL CIRCUMSTANCES

Program Director: Provide a signed and dated letter of explanation, including dates, for any "Yes" response(s) to questions # 1-7. The explanation must be provided on program letterhead and submitted directly to the Board with this form.

- Did the applicant receive partial or no credit during their postgraduate training? Yes No
- Did the applicant ever take a leave of absence or break from their training? Yes No
- Was the applicant ever terminated or dismissed? Yes No
- Was the applicant ever placed on probation? Yes No
- Was the applicant ever disciplined or placed under investigation? Yes No
- Has the applicant ever had any limitations or special requirements placed upon them for clinical performance, professionalism, medical knowledge, discipline, or for any other reason, which may include, but is not limited to, a corrective action plan, performance improvement plan, remediation plan, individual development plan, and any type of informal or progressive disciplinary or non-disciplinary action? Yes No
- Did the program decline to renew or offer the applicant a postgraduate training program contract for the following year? Yes No

Form **CODA1**

APPLICANT INFORMATION

Full Legal Name

Full Last Name	First Name	Middle Name	Suffix
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MBC USE ONLY

Applicant Name

ATTENTION: PROGRAM DIRECTOR

Do not sign and date this form prior to the last day of any postgraduate training period used to qualify the resident for a Physician's and Surgeon's License.

Completion of the training program is not required for the program director or the designated institutional official (DIO) to complete the form. The form may be signed either: after each year is completed; or once the resident's training concludes in the program. For example, if the resident is enrolled in a 36-month program and 12 months of training are needed to qualify the resident for licensure, then the form may be signed after the resident obtains credit for 12 months of training. Completion of this form will certify that the applicant has satisfactorily completed a period of accredited postgraduate training at this facility.

The program director or the DIO must sign this form. If the program director or the DIO is delegating that signature authority to another person, attach evidence of that delegation to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

PROGRAM DIRECTOR OFFICIAL CERTIFICATION

The program director or the DIO signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the postgraduate level and that the applicant satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance.

I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on these forms is true and correct. I further certify that the training program is accredited by CODA to offer the type and level of training completed by the applicant named on this form, and the applicant was trained in a CODA slotted program position.

Verified PD or DIO Staff Initials & Date

PRINTED NAME OF PROGRAM DIRECTOR OR DIO

Program Director or DIO Signature & Date

SIGNATURE OF PROGRAM DIRECTOR OR DIO

DATE

Note: If a program seal is not available, the program director or DIO shall also sign in the section below in the presence of a notary public if you are submitting the form by mail.

SIGNATURE OF PROGRAM DIRECTOR or DIO: _____

(SIGN FULL NAME IN PRESENCE OF NOTARY)

Program Director or DIO Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this

_____ day of _____, 20____,

by, _____

PRINT PROGRAM DIRECTOR OR DIO's NAME

proved to me based on satisfactory evidence to be the person who appeared before me.

(PROGRAM or NOTARY SEAL)

Notary Signature & Seal

Program Seal

SIGNATURE OF NOTARY PUBLIC

Note: The program must submit the completed form directly to the Board through the Board's Direct Online Certification Submission (DOCS) portal if the applicant has an open application with the Board or by mail to be acceptable.

Form **CODA2**