Medical Board of California

Initial License Renewal Verification of ACGME/RCPSC/CFPC/CODA Postgraduate Training (LICENSEES ONLY)

The program director must complete and submit Form ILR verifying credit obtained in a board-approved postgraduate training program.

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

MBC USE ONLY

APPLICANT INFORMATION

Applicant Information

Full Legal Name

Full Last Name	First Name	Middle Name	Suffix

Date of Birth	U.S. SSN or ITIN	California P&S License #	P&S License Expiration Date
(mm/dd/yyyy)	(Last 4 digits)		(mm/dd/yyyy)

PROGRAM DIRECTOR TO COMPLETE ACGME, RCPSC,CFPC, or CODA TRAINING INFORMATION

Verified Program Information

Facility Name Required

Facility Address Required

Specialty Required

ACGME 10-digit Program# https://apps.acgme.org/ads/Public Required

Specialty/ ACGME #

Dates of Clinical Training Start Date (mm/dd/yyyy) End Date (or anticipated completion date): (mm/dd/yyyy)

Dates of Training

How many months of credit of Board-approved training did the applicant receive at the time this form is signed? (Do not count completed months in a different program and/or the anticipated number of months to be completed.)

Total Number of Months:

# of Months

APPLICANT INFORMATION

Full Legal Name

Full Last Name	First Name	Middle Name	Suffix

MBC USE ONLY
Applicant Information ○

ATTENTION: PROGRAM DIRECTOR

This form may be signed up to 30 days prior to: completing a year of postgraduate training; or the anticipated last day of postgraduate training if less than one year; or the last day of completion of the program. The program director or the designated institutional official (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 be dated within the last 12 months. The person who signs this form may not be related to the applicant by blood, marriage, or adoption. Wet ink hand signature is required from the program director or DIO. Color copies or electronic signatures will be rejected.

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 the ACGME, RCPSC, CFPC, or CODA to offer the type and level of training completed by the applicant named on this form, and the applicant was trained in an ACGME, RCPSC, CFPC, or CODA slotted program position.

Verified PD or DIO Staff Initials & Date

PRINTED NAME OF PROGRAM DIRECTOR OR DIO

SIGNATURE OF PROGRAM DIRECTOR OR DIO (Signature stamps are not acceptable) **DATE**

Program Director or DIO's Signature & Date ○

Note: If a program seal is not available, the program director or the 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's 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

This form must be mailed directly to the Medical Board to be acceptable.

Form ILR