



Graduate Medical Education Office –
ALL Certificates will Read:

**MEDICAL COLLEGE OF GEORGIA
GEORGIA REGENTS UNIVERSITY**

This form is to be completed for each house officer completing internship, residency or fellowship training. The certificate ordered will reflect **EXACTLY** what is entered on the lines below. **PLEASE TYPE OR PRINT LEGIBLY.** For additional forms or questions, call 1-7005.

1. First Line:

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Generation (Jr/Sr/Other) _____

Title (MD, MBBS, DO, etc) _____

This must reflect title indicated on medical diploma

2. Second Line:

Type of Training: _____

(Intern/Resident/Fellow

Dept/Section

3. Third Line:

Dates of Training: _____

Date Begun

Date Completed

Signature of Program Director

Date