



TRAINING CERTIFICATE
CHANGE OF PROGRAM FORM

I am applying for a renewal of my training certificate in the State of Ohio and need to change the program on file associated with my certificate. The State Medical Board of Ohio requires that this form be completed by the Ohio training program in which I will be training. Please complete the form and return it directly to the State Medical Board of Ohio at the above address.

THIS SECTION TO BE COMPLETED BY APPLICANT

Name of Applicant: Last First Middle Suffix (Jr., II) Ohio Training Certificate Number:

THIS SECTION TO BE COMPLETED BY OHIO TRAINING PROGRAM

Name of Training Program:

Training Program Address: Street Address

City State Zip Code

Type of Program (check only one): Intern Resident Clinical Fellow

Specialty (see next page):

CERTIFICATION DATES - Indicate the month, day and year for both the beginning and ending dates in which the training certificate is to be issued. THE DATES ARE NOT TO EXCEED ONE YEAR. If the application is received prior to the date of the appointment, the appointment date will be used. If the application is received after the appointment date, or is not completed until after the appointment date, the completion date will be the date the certificate will become effective.

Dates of Training: Beginning Date: MO/DAY/YR Ending Date: MO/DAY/YR

I hereby certify that I have checked the credentials of the above applicant, that the statements, as completed, are true to the best of my knowledge and he/she is of good moral character. I further certify that he/she will limit his/her practice and training within the physical confines of the hospital, or facilities for which the training certificate to practice is sought and that he/she will practice only under the supervision of the attending medical staff of such hospital or facility for which the training certificate to practice is granted. I hereby recommend that the above applicant be granted the certificate herein applied for.

Signature of Medical Director or Program Director

Name (please print) Date

NOTARY Signature (if applicable, STAMP REQUIRED) Date

THIS FORM CANNOT BE FAXED

HOSPITAL SEAL (If hospital has no seal, this form MUST be notarized)

SPECIALTIES

Abdominal Surgery
 Addiction Medicine
 Addiction Psychiatry
 Adolescent Medicine (Internal Med)
 Adolescent Medicine (Pediatrics)
 Adult Reconstructive Orthopedics
 Aerospace Medicine
 Allergy
 Allergy & Immunology
 Anatomic/Clinical Pathology
 Anatomic Pathology
 Anesthesiology
 Blood Banking/Transfusion Med
 Clinical Cardiac Electrophysiology
 Cardiothoracic Surgery
 Cardiovascular Diseases
 Chemical Pathology
 Child and Adolescent Psychiatry
 Child Neurology
 Clinical Biochemical Genetics
 Clinical Cytogenetics
 Clinical Genetics
 Clinical Laboratory Immunology (All & Imm)
 Clinical & Lab. Dermatological Imm
 Clinical & Lab. Immunology (Int. Med)
 Clinical & Lab. Immunology (Peds)
 Clinical Molecular Genetics
 Clinical Neurophysiology
 Clinical Pathology
 Clinical Pharmacology
 Colon & Rectal Surgery
 Critical Care Med (Anesthesiology)
 Critical Care Medicine (Int Med)
 Critical Care Medicine (Neuro Surg)
 Critical Care Medicine (OB-GYN)
 Cytopathology
 Dermatology
 Dermatopathology (Pathology)
 Dermatopathology (Dermatology)
 Dermatologic Surgery
 Developmental-Behavioral Pediatrics
 Diabetes
 Diagnostic Radiology
 Emergency Medicine
 Endocrinology, Diabetes & Metabolism
 Epidemiology
 Facial Plastic Surgery
 Family Practice
 Foot & Ankle, Orthopedics
 Forensic Pathology
 Forensic Psychiatry
 Gastroenterology
 General Practice

DESCRIPTION

General Preventive Medicine
 General Surgery
 Geriatric Medicine (Family Practice)
 Geriatric Medicine (Internal Med)
 Geriatric Psychiatry
 Gynecology
 Gynecological Oncology
 Hand Surgery (Ortho Surgery)
 Hand Surgery (Plastic Surgery)
 Head & Neck Surgery
 Hematology (Internal Medicine)
 Hematology (Pathology)
 Hematology/Oncology
 Hepatology
 Immunology
 Immunopathology
 Infectious Diseases
 Internal Medicine
 Internal Medicine/Pediatrics
 Legal Medicine
 Maternal & Fetal Medicine
 Maxillofacial Radiology
 Medical Genetics
 Medical Management
 Medical Microbiology
 Medical Oncology
 Medical Toxicology (Emer Med)
 Medical Toxicology (Pediatrics)
 Medical Toxicology (Prevent. Med)
 Musculoskeletal Oncology
 Neonatal-Perinatal Medicine
 Nephrology
 Neurology
 Neurology/Diagnostic Rad/Neuroradiology
 Neurological Surgery
 Neuropathology
 Neuroradiology
 Nuclear Medicine
 Nuclear Radiology
 Nutrition
 Obstetrics
 Obstetrics & Gynecology
 Occupational Medicine
 Ophthalmology
 Orthopedic Surgery
 Orthopedic Surgery of the Spine
 Orthopedic Trauma
 Osteopathic Manipulative Medicine
 Otolaryngology
 Otology/Neurotology
 Pain Management (Anesthesiology)
 Pain Medicine
 Palliative Medicine

DESCRIPTION

Pediatric Allergy
 Pediatric Cardiology
 Pediatric Critical Care Medicine
 Pediatric Emergency Med (Emer Med)
 Pediatric Emergency Med (Peds)
 Pediatric Endocrinology
 Pediatric Gastroenterology
 Pediatric Hematology/Oncology
 Pediatric Infectious Disease
 Pediatric Nephrology
 Pediatric Ophthalmology
 Pediatric Orthopedics
 Pediatric Otolaryngology
 Pediatric Pathology
 Pediatric Pulmonology
 Pediatric Radiology
 Pediatric Rheumatology
 Pediatric Surgery (Neurology)
 Pediatric Surgery (Surgery)
 Pediatric Urology
 Pediatrics
 Physical Medicine & Rehabilitation
 Plastic Surgery
 Proctology
 Psychiatry
 Psychoanalysis
 Public Health & Gen Preventive Med
 Pulmonary Critical Care Medicine
 Pulmonary Disease
 Radiation Oncology
 Radiological Physics
 Radiology
 Radioisotopic Pathology
 Reproductive Endocrinology
 Rheumatology
 Selective Pathology
 Sleep Medicine
 Spinal Cord Injury
 Sports Medicine (Emer Med)
 Sports Medicine (Family Practice)
 Sports Medicine (Internal Med)
 Sports Medicine (Ortho Surgery)
 Sports Medicine (Pediatrics)
 Surgical Critical Care (Surgery)
 Surgical Oncology
 Thoracic Surgery
 Trauma Surgery
 Transplant Surgery
 Undersea Medicine
 Urology
 Vascular & Interventional Radiology
 Vascular Surgery
 Other (i.e., specialty other than those listed)
 Unspecified