

**INTERN/RESIDENT/FELLOW
CERTIFICATE DATA FORM**

Name as it will appear on certificate, including degree: (Please **type** name in lower case letters with appropriate capitals in order that the printer will know how to set up type).

Hospital at which Intern/Resident/Fellow trained for an appreciable part of the period covered by this certificate:

University of Louisville School of Medicine and Affiliated Hospitals

Designation of training: Please indicate exact classification of training as it is to appear on certificate. If Intern/Resident/Fellow has more than one classification of service (e.g., Resident in Medicine and Chief Resident), fill out a form for each title. Unless we receive a form for each, only one certificate will be issued for both classifications. The certificate will read: This is to certify that John Doe, M.D., has served as:

Period covered by this certificate (indicate month, day and year):

From _____, _____ To _____, _____ .

(Please be certain that each House Officer initials the completed form to assure accuracy of the above information).

Candidate for Certificate

Program Director

**PLEASE COMPLETE AND RETURN TO THE GRADUATE MEDICAL
EDUCATION OFFICE, ABELL ADMINISTRATION BUILDING - 518 SCHOOL OF
MEDICINE.**

Note: Certificates for “interns” will not be provided this year except those transferring to another specialty or institution.