



Osteopathic Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Training Appointment Verification

This is to certify that _____ has been accepted in
Name of osteopathic* physician

a postgraduate training program in _____ at
Type of residency program

_____ for the period beginning
WA State training institution

_____. The individual responsible for this resident's patient care
Start date

activities will be _____.
Director of program (print name)

Program address _____

Signature _____

* A resident osteopathic physician means an individual who has graduated from an approved school of osteopathic medicine. The resident must be serving a period of postgraduate clinical training sponsored by a college or university in this state or by a hospital accredited in this state whose program is approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations. The term shall include individuals designated as intern, resident, or medical fellow.

Return completed form to the address listed above.