



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.**