

## MEDICAL BOARD OF CALIFORNIA

**Licensing Program** 



## **CERTIFICATE OF CLINICAL TRAINING**

(This form is only required of international medical school graduates)

Type or Print Legibly	or Print Legibly APPLICANT INFORMATION				
LEGAL NAME: Last	First		Middle	Suffix	Use Only  Applicant
Date of Birth (m/dd/	/yyyy) Last 4 Digits of U.S. SSN	or ITIN	Medical School of Gr	aduation	Information
,					
MEDICAL SCH	OOL: PLEASE COMPLETE TH	IS FORM	IN THE ENGLISH LAN	GUAGE	
Report undergraduate clinical clerkships in which the applicant participated in DIRECT, HANDS-ON DIAGNOSIS OR TREATMENT OF PATIENTS IN A CLINICAL SETTING. Please use as many forms as necessary to document ALL undergraduate clinical clerkships completed during enrollment in medical school.					Rev. L5 Staff Initials & Date
Note: Section 2089.5(c) of the Business and Professions Code requires that instruction in the clinical courses shall total a minimum of 72 weeks. Instruction in the core clinical courses shall total a minimum of 40 weeks in length with a minimum of (8) weeks of medicine, (8) weeks of surgery, (6) weeks of pediatrics, (6) weeks of ob/gyn, (4) weeks of psychiatry, and (4) weeks of family medicine. (Family Medicine is required for applicants who graduated after May 1, 1998)					
Clinical Subject (List one subject per line)	Facility Name City/State/Province/Country	_	ates of Attendance Chronological Order (mm/dd/yyyy)	Weeks <u>or</u> Weekly Clinical Hours	
		Start: _			
		End: _			_
		Start: _	//		
		End: _	//		
		Start: _	//		
		_	//		
		<del>†</del>	//		
		Start: _	//		
		End: _ Start:	//		
		End:	//		
	MEDICAL SCHOOL OFFICIAL CERTIFICATION				
AFFIX MEDICAL SCHOOL SEAL	I certify that I am the President, Dean, or Registrar and hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.				School Seal
	PRINTED NAME OF SCHOOL OFF			Signature and Date	
	SIGNATURE OF SCHOOL OFFICIA		DATE		
	Attention Medical School: THE PERSON WHO SIGNS THIS FORM MAY <u>NOT</u> BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE OR ADOPTION. Only the President, Dean, or Registrar may sign this form. If the signature is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.				L5

NOTE: The completed form must be mailed directly from the medical school to the Board to be acceptable. 07A-100 (Revised 7/2016)