## THE GEORGE WASHINGTON UNIVERSITYSCHOOL OF MEDICINE AND HEALTH SCIENCES OFFICE OF GRADUATE MEDICAL EDUCATION

## CERTIFICATE OF COMPLETION ORDER FORM

THE PROGRAM COORDINATOR AND THE RESIDENT MUST BOTH SIGN TO VERIFY THAT ALL INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE BEFORE SUBMITTING IT TO THE GME OFFICE.

- The name of the resident/fellow must be **typed and legible** on this form. The first and last name of the resident/fellow must agree with the name on file in the GME Office.
- Verify that the name printed on this form is exactly as the resident/fellow wishes it to appear on his/her certificate.
- The medical school degree must be listed exactly as it appears on the medical school diploma.
- To add additional degrees (MPD, MBA, etc.), a diploma must be attached to this form.

Name:

10/7/2020

• List each year the resident/fellow was in **your** program, along with the inclusive dates. Be sure to verify this information with the training history dates listed for your program in MedHub.

	(First)	(Middle)	(Last)	(Degree)	
Program Trai	ning History:				
Year in Program (PGY 1,2,3)	Position/Title (Resident/Fellow)	Name of Program	Start Date (Month/Day/Year)	End Date (Month/Day/Year)	Verified by GME
Signature of Re	esident/Fellow verifyiı	ng that name and degree(s)	are correct:		
Signature of Pr	ogram Coordinator ve	erifying that dates are corre	ect per Program files and	d MedHub:	