

University of Medicine

And

Use only when co-sponsored, not for an affiliate.

INCORRECT:
Identifies an affiliate more prominently than the sponsoring institution

Saint Anywhere Hospital

Medicine (not medical) and (not &), Surgery (not Surgical), “-36” implies a PM&S-36 program.

This Diploma is awarded to

This is a CERTIFICATE, not a DIPLOMA

Henry James, DPM

The only acceptable identification of the residency is: **Podiatric Medicine and Surgery Residency.**

Who has faithfully and satisfactorily completed a residency in

Podiatric Medical & Surgical - 36

If the RRA is provided, ABFAS mandates that the certificate must state “with” or “with the added credential in”

- One word “Rearfoot”
- Due to scope of practice laws, must use “/” not “and” or “&”
- Must state “Ankle Surgery”

Reconstructive Rear Foot & Ankle

For the period July 1, 2014 to June 30, 2015

This example shows 12 months of training. This may be the case for a transfer resident. The Council states the certificate must include the DATE OF COMPLETION.

This statement MUST be included on the certificate. However, the Council approves rather than accredits residencies and the Council must be identified as **The Council on** (not of) **Podiatric Medical Education.**

This institution is accredited by the Council of Podiatric Medicine

Of the American Podiatric Medical Association

In Witness Whereof the undersigned have affixed their signatures

A start and finish date may be included if it reflects the full three years of training. Otherwise, the resident’s length of training comes to question when verification of training is requested.

Remove. Do not reference APMA. Residencies are approved by CPME

Chief Administrative Officer

Must include the Program Director’s signature

Director of Graduate Medical Education