



# State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

## TRAINING CERTIFICATE CHANGE OF PROGRAM FORM

I am applying for a renewal of my training certificate in the State of Ohio and need to change the program on file associated with my certificate. The State Medical Board of Ohio requires that this form be completed by the Ohio training program in which I will be training. Please complete the form and return it directly to the State Medical Board of Ohio at the above address.

### THIS SECTION TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_ Ohio Training Certificate Number: \_\_\_\_\_  
Last First Middle Suffix (Jr., II)

### THIS SECTION TO BE COMPLETED BY OHIO TRAINING PROGRAM

Name of Training Program: \_\_\_\_\_

Training Program Address: \_\_\_\_\_  
Street Address

City State Zip Code

Type of Program (check only one):  Intern  Resident  Clinical Fellow

Specialty  
(see next page):

**CERTIFICATION DATES** - Indicate the month, day and year for both the beginning and ending dates in which the training certificate is to be issued. **THE DATES ARE NOT TO EXCEED ONE YEAR.** If the application is received prior to the date of the appointment, the appointment date will be used. If the application is received after the appointment date, or is not completed until after the appointment date, the completion date will be the date the certificate will become effective.

#### Dates of Training:

Beginning Date:

MO/DAY/YR  
/ /

Ending Date:

MO/DAY/YR  
/ /

I hereby certify that I have checked the credentials of the above applicant, that the statements, as completed, are true to the best of my knowledge and he/she is of good moral character. I further certify that he/she will limit his/her practice and training within the physical confines of the hospital, or facilities for which the training certificate to practice is sought and that he/she will practice only under the supervision of the attending medical staff of such hospital or facility for which the training certificate to practice is granted. I hereby recommend that the above applicant be granted the certificate herein applied for.

\_\_\_\_\_  
Signature of Medical Director or Program Director

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
NOTARY Signature (if applicable, STAMP REQUIRED)

\_\_\_\_\_  
Date

**THIS FORM CANNOT BE FAXED**

**HOSPITAL SEAL**  
(If hospital has no seal, this form **MUST** be notarized)

**SPECIALTIES**

Abdominal Surgery  
 Addiction Medicine  
 Addiction Psychiatry  
 Adolescent Medicine (Internal Med)  
 Adolescent Medicine (Pediatrics)  
 Adult Reconstructive Orthopedics  
 Aerospace Medicine  
 Allergy  
 Allergy & Immunology  
 Anatomic/Clinical Pathology  
 Anatomic Pathology  
 Anesthesiology  
 Blood Banking/Transfusion Med  
 Clinical Cardiac Electrophysiology  
 Cardiothoracic Surgery  
 Cardiovascular Diseases  
 Chemical Pathology  
 Child and Adolescent Psychiatry  
 Child Neurology  
 Clinical Biochemical Genetics  
 Clinical Cytogenetics  
 Clinical Genetics  
 Clinical Laboratory Immunology (All & Imm)  
 Clinical & Lab. Dermatological Imm  
 Clinical & Lab. Immunology (Int. Med)  
 Clinical & Lab. Immunology (Peds)  
 Clinical Molecular Genetics  
 Clinical Neurophysiology  
 Clinical Pathology  
 Clinical Pharmacology  
 Colon & Rectal Surgery  
 Critical Care Med (Anesthesiology)  
 Critical Care Medicine (Int Med)  
 Critical Care Medicine (Neuro Surg)  
 Critical Care Medicine (OB-GYN)  
 Cytopathology  
 Dermatology  
 Dermatopathology (Pathology)  
 Dermatopathology (Dermatology)  
 Dermatologic Surgery  
 Developmental-Behavioral Pediatrics  
 Diabetes  
 Diagnostic Radiology  
 Emergency Medicine  
 Endocrinology, Diabetes & Metabolism  
 Epidemiology  
 Facial Plastic Surgery  
 Family Practice  
 Foot & Ankle, Orthopedics  
 Forensic Pathology  
 Forensic Psychiatry  
 Gastroenterology  
 General Practice

**DESCRIPTION**

General Preventive Medicine  
 General Surgery  
 Geriatric Medicine (Family Practice)  
 Geriatric Medicine (Internal Med)  
 Geriatric Psychiatry  
 Gynecology  
 Gynecological Oncology  
 Hand Surgery (Ortho Surgery)  
 Hand Surgery (Plastic Surgery)  
 Head & Neck Surgery  
 Hematology (Internal Medicine)  
 Hematology (Pathology)  
 Hematology/Oncology  
 Hepatology  
 Immunology  
 Immunopathology  
 Infectious Diseases  
 Internal Medicine  
 Internal Medicine/Pediatrics  
 Legal Medicine  
 Maternal & Fetal Medicine  
 Maxillofacial Radiology  
 Medical Genetics  
 Medical Management  
 Medical Microbiology  
 Medical Oncology  
 Medical Toxicology (Emer Med)  
 Medical Toxicology (Pediatrics)  
 Medical Toxicology (Prevent. Med)  
 Musculoskeletal Oncology  
 Neonatal-Perinatal Medicine  
 Nephrology  
 Neurology  
 Neurology/Diagnostic Rad/Neuroradiology  
 Neurological Surgery  
 Neuropathology  
 Neuroradiology  
 Nuclear Medicine  
 Nuclear Radiology  
 Nutrition  
 Obstetrics  
 Obstetrics & Gynecology  
 Occupational Medicine  
 Ophthalmology  
 Orthopedic Surgery  
 Orthopedic Surgery of the Spine  
 Orthopedic Trauma  
 Osteopathic Manipulative Medicine  
 Otolaryngology  
 Otology/Neurotology  
 Pain Management (Anesthesiology)  
 Pain Medicine  
 Palliative Medicine

**DESCRIPTION**

Pediatric Allergy  
 Pediatric Cardiology  
 Pediatric Critical Care Medicine  
 Pediatric Emergency Med (Emer Med)  
 Pediatric Emergency Med (Peds)  
 Pediatric Endocrinology  
 Pediatric Gastroenterology  
 Pediatric Hematology/Oncology  
 Pediatric Infectious Disease  
 Pediatric Nephrology  
 Pediatric Ophthalmology  
 Pediatric Orthopedics  
 Pediatric Otolaryngology  
 Pediatric Pathology  
 Pediatric Pulmonology  
 Pediatric Radiology  
 Pediatric Rheumatology  
 Pediatric Surgery (Neurology)  
 Pediatric Surgery (Surgery)  
 Pediatric Urology  
 Pediatrics  
 Physical Medicine & Rehabilitation  
 Plastic Surgery  
 Proctology  
 Psychiatry  
 Psychoanalysis  
 Public Health & Gen Preventive Med  
 Pulmonary Critical Care Medicine  
 Pulmonary Disease  
 Radiation Oncology  
 Radiological Physics  
 Radiology  
 Radioisotopic Pathology  
 Reproductive Endocrinology  
 Rheumatology  
 Selective Pathology  
 Sleep Medicine  
 Spinal Cord Injury  
 Sports Medicine (Emer Med)  
 Sports Medicine (Family Practice)  
 Sports Medicine (Internal Med)  
 Sports Medicine (Ortho Surgery)  
 Sports Medicine (Pediatrics)  
 Surgical Critical Care (Surgery)  
 Surgical Oncology  
 Thoracic Surgery  
 Trauma Surgery  
 Transplant Surgery  
 Undersea Medicine  
 Urology  
 Vascular & Interventional Radiology  
 Vascular Surgery  
 Other (i.e., specialty other than those listed)  
 Unspecified