

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO
GRADUATE MEDICAL EDUCATION
Standard Policy and/or Procedure

- TITLE:** Certificate of Completion Policy
- APPROVED:** 2/20/1992
- REVISED:** 1/9/2009; 2/8/2017; 5/7/2020
- EFFECTIVE DATE:** 2/20/1992; 7/1/2009; 2/8/2017; 5/7/2020
- PURPOSE:** To outline the criteria under which certificates for credit in residency/fellowship training at TTUHSC El Paso Paul L. Foster School of Medicine are issued.
- POLICY STATEMENT:** Residents and fellows who have satisfactorily completed a defined training experience and met the training requirements, as determined by the Program Director, applicable accrediting body and respective Medical Board of specialty requirements, shall be issued a Certificate of Completion. The Graduate Medical Education Office is responsible for issuing Certificates of Completion. Programs are not authorized to generate their own certificates.

Certificate Eligibility

1. Residents/Fellows who successfully complete the required training for their training program or a defined training experience in such program will receive a certificate of completion.
2. Chief Resident title and Associate Chief Resident title will also be added to the Certificate of Completion for trainees who remain in the program to fulfill one-year as Chief Resident or Associate Chief Resident.
3. For Residents/Fellows who leave the program before successful completion, a letter of credit will be completed by the Program Director listing rotations that were successfully completed.

Certificate Signatures

1. The Office of Graduate Medical Education (GME Office) will coordinate signing of all certificates.
2. All certificates will include the signatures of the Program Director, Department Chair, Designated Institutional Official, the Dean for the School of Medicine, and the Resident/Fellow.

Certificate Issuance

1. Certificates will be released to the respective trainees only upon successful completion of all 'Clearance Requirements'. The Clearance requirements are listed below:
 - a. Exit Survey is completed by Resident/Fellow
 - b. End of Training Evaluation is submitted by the Program Coordinator
 - c. PLI is submitted to Lubbock by the Program Coordinator
 - d. Clearance Checkout List is submitted by trainee or Program Director and approved by the GME Office

Retention

1. Scanned copies of the signed residency certificate are kept in the resident's or fellow's permanent file, which is maintained by the GME Office.

Requests for copy(ies)

1. Requests for Certificates must be submitted to the GME Office by completing the Request for Certificate of Completion Form.
2. Trainees may request a copy of the certificate at no cost.
3. All copies will be sent via email.

Requests for Original Certificates

In the event an original certificate is lost or destroyed, damaged, or a trainee legally changes his/her name, a trainee may request an additional original or a replacement original certificate in accordance with the process below:

1. Requests must be submitted to the GME Office by completing the Request for Certificate of Completion Form.
2. Trainees may request additional or replacement of original certificates at no cost.
3. The GME Office will verify training information, obtain signatures on the certificate, and mail the Certificate of Completion to the address submitted on the request form.
4. Processing time will depend on verification of training and approval process.
5. All requests for certificates with a different name than the one that appears on the original certificate must include one of the following appropriate legal documents: copy of marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or Social Security card.

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO
GRADUATE MEDICAL EDUCATION**

REQUEST FOR CERTIFICATE OF COMPLETION

Date: _____

Resident/Fellow Name: _____ MD DO
(as it appears on original Certificate)

Resident/Fellow Name: _____ MD DO
(if different from above)

Training Program: _____

Year of Completion: _____ Date of Birth: _____

Email address: _____

Address where Certificate of Completion is to be mailed:

Street Address *City, State* *Zip Code*

I would like to request:

- _____ A **copy** of my Certificate of Completion
- _____ An additional **original** Certificate of Completion
- _____ A replacement **original** Certificate of Completion

Reason for requesting reissuance of Certificate of Completion:

- Name Change Lost/Stolen
- Damaged Other _____

If requesting a name change, please enter the name as you would like for it to appear in the certificate: _____

Please attach a copy of one of the following documents:

- Marriage License/Certificate* *Divorce Decree* *Birth Certificate*
- Court Order* *Passport/Permanent Visa* *Social Security Card*

GME Office Use Only

Processed by: _____ Date: _____