

APPROVED RESIDENCY TRAINING PROGRAM FORM

APPLICANT: The section below needs to be completed by the residency program in Minnesota.

Online Application: Enter the information below in the residency program information section and upload completed form on your online application.

Paper Application: Mail completed form with your paper application and fee to the Medical Board.

RESIDENCY PROGRAM TO COMPLETE BELOW:

It is hereby certified that: _____
(resident applicant's name)
will be participating in the _____ specialty residency training
at: _____ residency program located at:
_____, Minnesota to start on: ____/____/____ and end on: ____/____/____.
(city) (mm/dd/yyyy) (mm/dd/yyyy)

The program meets the requirements of [MN Statute 147.0391](#) as of the dates above. I understand that the residency program faculty is subject to the reporting obligations of [MN Statute 147.111](#) with respect to this resident, if they are granted a residency permit.

Director/Dean or Authorized Person of Residency Program
Name Printed: _____
Name Signed: _____
Date: _____

*RESIDENCY PROGRAM STAMP or SEAL**

*If there is no stamp or seal, attach letter of explanation on letterhead to use in place of stamp or seal.