

APPROVED RESIDENCY TRAINING PROGRAM EXTENSION 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 to 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: \_\_\_\_\_ will be extending  
(resident applicant's name)  
participation in the \_\_\_\_\_ specialty residency training  
at: \_\_\_\_\_ residency program located at \_\_\_\_\_, Minnesota  
(city)  
from original permit end date on: \_\_\_\_/\_\_\_\_/\_\_\_\_ to new extension date ending on: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(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.