

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO  
Paul L. Foster School of Medicine  
GRADUATE MEDICAL EDUCATION  
Standard Policy and/or Procedure

- TITLE:** Certificate of Completion Policy
- APPROVED:** 2/20/1992
- REVISED:** 1/9/2009; 2/8/2017
- EFFECTIVE DATE:** 7/1/2009; 2/20/1992; 2/8/2017
- 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. 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 Certificates will also be issued to trainees who remain in the program to fulfill one-year as Chief Resident.
3. For Residents/Fellows who leave the program before successful completion, a letter will be provided by the Program Director, which lists rotations 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 'Clearance Requirements' as delineated 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 (cc to the GME Office)
- d. Clearance Checkout List is submitted by trainee and approved by the GME Office

#### Retention

1. Scanned copies of the signed residency certificate are kept in the permanent file of the resident maintained by the GME Office.

#### Copy(ies) of Certificate

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

#### Additional or Replacement of 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 additional or replacement (original) certificates in accordance with the process below:

1. Requests must be submitted to the GME Office via the Certificate Replacement Form.
2. Trainees may request an additional certificate or replace original certificate 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.

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**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: \_\_\_\_\_