

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

- TITLE:** Certificate of Training Completion Procedure
- 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 for each program.
- REVIEW:** This Standard Policy and/or Procedure will be reviewed on even numbered year (ENY) by the Graduate Medical Education Committee (GMEC).
- POLICY STATEMENT:** Residents and Fellows who have successfully met their training requirements at our institution shall receive a Certificate of Training Completion.

The Graduate Medical Education Office is responsible for issuing Certificates of Training Completion. Programs are not authorized to generate their own certificates of training completion on behalf of the sponsoring institution.

Certificate Eligibility

1. Residents and fellows who have satisfactorily completed a defined training experience and met the training requirements, as determined by the Program Director in accordance to ACGME or any other applicable accrediting body and the respective Medical Board of Specialty requirements, shall be issued a Certificate of Training Completion.
2. The certificate will state the training dates completed at this institution. The dates of training that occurred at other institutions will not be included in the certificate.
3. No certificates will be issued for partial training that does not meet completion of the entire residency/fellowship training requirements.
4. For fellowships or residencies requiring a prior training experience, Certificates of Training Completion will not be issued until this prerequisite has been met.
5. Certificates for chief residency years may be provided to trainees by their respective programs at their discretion.

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, and the Dean for the School of Medicine.

Certificate Issuance

1. Certificates will be released to the respective trainees only upon successful completion of all 'Exit Clearance Requirements'. The exit 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. Termination EPAF submitted by the Program Coordinator
  - d. Professional Liability Insurance (PLI) is submitted to Lubbock by the Program Coordinator
  - e. Clearance Checkout List and packet is submitted by trainee or Program Coordinator and approved by the GME Office

#### Retention

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

#### Requests for scanned copy(ies) of the certificate

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 for a fee.
3. All copies will be sent via email.

#### Requests for additional original certificate(s)

In the event an original certificate is lost, destroyed, or damaged 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 Training Completion Form.
2. Trainees may request additional or replacement of original certificates for a fee.
3. The GME Office will verify training information, obtain signatures on the certificate, and mail the Certificate of Training Completion to the address submitted on the request form.
4. The GME office will have 30 days to process the request.

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

**REQUEST FOR CERTIFICATE OF TRAINING COMPLETION**

Date: \_\_\_\_\_

Resident/Fellow Name: \_\_\_\_\_  MD  DO  
*(as it appears on original Certificate)*

Date of Birth: \_\_\_\_\_

Training Program: \_\_\_\_\_

Year of Completion: \_\_\_\_\_

Email address: \_\_\_\_\_

Address where Certificate of Completion is to be mailed:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

I would like to request:

\_\_\_\_\_ A scanned **copy** of my Certificate of Training Completion

\_\_\_\_\_ An additional **original** Certificate of Training Completion

**GME Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_