

DIPLOMA LIST

Department: TYPE PROGRAM NAME

Date: TYPE DATE

Certify that _____ has satisfactorily performed the duties as _____ For the period _____

NAME	EXACT WORDING AS TO HOW DIPLOMA IS TO BE PRINTED	FROM	TO
<u>TYPE RESIDENT/FELLOW NAME</u>	Resident in <u>TYPE PROGRAM</u>	<u>TYPE DATE</u>	<u>TYPE DATE</u>
<u>TYPE RESIDENT/FELLOW NAME</u>	Chief Resident in <u>TYPE PROGRAM</u>	<u>TYPE DATE</u>	<u>TYPE DATE</u>

Submitted by: _____ (Type name)
Program Coordinator

Approved by: _____ (Type name)
Program Director