



**AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
PROGRAM DIRECTOR'S STATEMENT**

Program Name: _____

Name of Resident: _____

Title of Presentation: _____

Program Director: _____

Program Address: _____

Name of Meeting: _____ Meeting Date: _____

Program Director Attestation: I have reviewed, corrected, and approved this resident's oral presentation prior to submission thereby allowing the presentation to be included in the AOCD meeting program.

Signature of Program Director

Date

The following items are required for resident presentation submission and should be received by the AOCD office six (6) weeks prior to the first day of the scheduled meeting to allow ample time for evaluation, review, and approval by CME accredited bodies:

- Complete & Finalized Powerpoint Presentation
- Program Director's Statement