

**American Osteopathic College of Dermatology
Annual Resident Report**

Today's Date: _____

Resident: _____ AOA# _____

OGME Status: _____ Training Contract Year Start: _____ End: _____

Mailing Address: _____

E-Mail Address: _____

Title of Scientific Paper(s): _____

Submitted to: _____

Date of Submission: _____ I have attached my proof of submission Yes No

Program Director: _____

Training Institution: _____

_____ I certify that I have completed all documents required of me and that the information is correct and accurate.

_____ I certify that my program director and I have reviewed all evaluations and I have been given the opportunity to respond.

Resident (Please Print): _____

Signature of Resident: _____ Date: _____

I certify that I have reviewed and approved the Annual Reports submitted by the above named resident.

Program Director (Please Print): _____

Program Director Signature: _____ Date: _____

I certify that I have reviewed and approved the Annual Reports submitted by the above named resident and program director.

D.M.E. (Please Print): _____

D.M.E. Signature: _____ Date: _____

Reports will be returned to the resident if signatures are missing or not legible.