



**POSTGRADUATE TRAINING REGISTRATION**

2065. Unless otherwise provided by law, no postgraduate trainee, intern, resident, postdoctoral fellow, or instructor may engage in the practice of medicine, or receive compensation therefore, or offer to engage in the practice of medicine unless he or she holds a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. However, a graduate of an approved medical school, who is registered with the Division of Licensing and who is enrolled in a postgraduate training program approved by the division, may engage in the practice of medicine whenever and wherever required as a part of the program under the following conditions:

- (a) A graduate enrolled in an approved first-year postgraduate training program may so engage in the practice of medicine for a period not to exceed one year whenever and wherever required as a part of the training program, and may receive compensation for that practice.
- (b) A graduate who has completed the first year of postgraduate training, may in an approved residency or fellowship, engage in the practice of medicine whenever and wherever required as a part of that residency or fellowship, and may receive compensation for that practice. The resident or fellow shall qualify for, take, and pass the next succeeding written examination for licensure given by the division, or shall qualify for and receive a physician's and surgeon's certificate by one of the other methods specified in this chapter. If the a resident or fellow fails to receive a license to practice medicine under this chapter within one year from the commencement of the residency or fellowship or if the division denies his or her application for licensure, all privileges and exemptions under this section shall automatically cease.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Address in California (if different) \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Faculty Name and Address of the California Postgraduate Training \_\_\_\_\_

Medical Education \_\_\_\_\_

(College) (Dates)

Internship \_\_\_\_\_

(Hospital) (Dates)

Residency \_\_\_\_\_

(Hospital) (Dates)

Do you anticipate applying for California licensure? \_\_\_\_\_

Do you hold a license to practice in another state? \_\_\_\_\_ Which state? \_\_\_\_\_

Dates you will be in California? From \_\_\_\_\_ To \_\_\_\_\_

I HERBY DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE READ THE LAWS AND THAT THE FOREGOING INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return completed form to the above address