

**Iowa Board of Medicine
Extension Application for a Resident License**

Residency director must complete Parts 2 & 3.

PART I: Demographic Information

Home Address:

Please indicate any changes to the home address.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Residency Program Address:

Please indicate any changes to the program address.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail Address:

PART 2: Program Information (Must be completed by the Post-Graduate Training Program Director)

Please provide the following information regarding the resident applying for an extension of the resident license. The expected date of completion will be used as the expiration date on the extended license.

Program Department: _____

Program Specialty: _____

Expected Date of Completion: _____

Have there been any warnings issued, investigations conducted or disciplinary actions taken, either by voluntary or formal agreement for this resident? Yes No

If yes, attach an explanation with details of the situation.

Part 3: Post-Graduate Training Program Director's Signature

I certify that all of the information entered above is true and correct.

Signature: _____ **Date:** _____

Print Name: _____