



# American Osteopathic College of Anesthesiologists

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## AOCA to ACGME Residency Program Transition Attestation

**Program Institution Name:**

**Program Street Address:**

**City:**

**State:**

**Zip:**

**Program Director Name:**

**Program Administrator Name:**

**DME Name:**

**Resident Name:**

**Resident Street Address:**

**City:**

**State:**

**Zip:**

**Program Year:**

PGY1

PGY2

PGY3

PGY4

This form is to attest that the Resident stated above has completed the following requirements per ACGME guidelines. AOCA acknowledges and accepts this attestation to replace submitting equivalent requirements to the AOCA. It is important to note that the AOCA does not have access to ACGME systems or files. Therefore, ACGME and the individual Resident are responsible to maintain their academic records.

### **AOCA Requirements:**

### **ACGME Equivalent Submitted to ACGME:**

	Yes	No
Detailed Case Logs (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> . and 4 <sup>th</sup> Quarter)	Yes	No
Segregated Totals	Yes	No
Resident's Annual Evaluation of the Program	Yes	No
Scientific Paper Outline	Yes	No
Scientific Paper	Yes	No
Program Director's Annual Evaluation of the Resident	Yes	No

The undersigned acknowledges that the above documents have been or will be submitted to ACGME on \_\_\_\_\_ (mm/dd/yyyy). By submitting this form to the AOCA, the Resident, Program Director, and program affiliates acknowledges the AOCA does not have access to ACGME systems or files and is no longer responsible to maintain documentation of completion of requirements beyond this attestation.

**Resident Signature:**

**Date:**

**Program Director's Signature:**

**Date:**

**Program Administrator's Signature:**

**Date:**

**DME's Signature:**

**Date:**