



**Government of the District of Columbia  
Department of Health**



**HEALTH REGULATION AND LICENSING ADMINISTRATION  
BOARD OF MEDICINE**

**MEDICAL TRAINING LICENSE**

**GME ATTESTATION**

I have reviewed the documents and materials provided by all residents/fellows presently enrolled at

\_\_\_\_\_ for the academic training year \_\_\_\_\_  
(Institution Name)

listed on the attached master sheet. I hereby attest that each resident/fellow is in good standing with the institution and that the documents and material submitted by each resident/fellow are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Title)

\_\_\_\_\_  
(Date)

**Please mail GME Attestation to:**

District of Columbia Health Professional Licensing Administration  
Attention: Board of Medicine - MTL  
899 North Capitol Street, N.E., 2nd Floor  
Washington, D.C. 20002