



309 11e Overview: Completion Certificate

A completion certificate is given to the resident upon **successful** completion of the program. It certifies that they have met all the requirements. A resident cannot be given a completion certificate if they have not fulfilled ALL the requirements as required by the sponsoring institution and by CPME, i.e. had too many unexcused absences; were placed on academic probation and did not successfully remediate; had not met the minimum activity volumes; did not perform enough biomechanical exams; did not get signed off as having met the competencies in behavioral health etc.

The language on the completion certificate must be in compliance with CPME requirements. It cannot say *accredited* by CPME, it must say *approved*. It cannot say *Podiatric Medical and Surgical*. It must say *Podiatric Medicine and Surgery*. It must read *Reconstructive Rearfoot/Ankle Surgery* (if applicable); it cannot read *Reconstructive Rearfoot **and** Ankle Surgery*.

FROM CPME 320:

3.11 The sponsoring institution shall provide the resident a certificate verifying satisfactory completion of training requirements. The certificate shall identify the program as a Podiatric Medicine and Surgery Residency and shall state the date of completion of the resident's training

The certificate must include the statement "Approved by the Council on Podiatric Medical Education." The certificate must, at minimum, be signed and dated by the program director and the chief administrative officer, or designee. In the case of a co-sponsored program, the certificate must be signed and dated by the chief administrative officer of each co-sponsoring institution and the program director.

If applicable, the certificate also verifies successful completion of training requirements for the added reconstructive rearfoot/ankle credential. The certificate would identify the added credential as "Reconstructive Rearfoot/Ankle Surgery." At its discretion, the sponsoring institution may instead issue an additional certificate verifying successful completion of training requirements for the added credential. The second certificate must include the signatures of the program director and the chief administrative officer, or designee and the date of completion, and identify the added credential as "Reconstructive Rearfoot/Ankle Surgery." The additional certificate also must include the statement "Approved by the Council on Podiatric Medical Education."