
P and S Certification for 2113 Service

Instructions:

1. Transfer the following text onto your department's letterhead to be signed by the Department Chair
2. Once signed, submit to the Visa and Licensing Office.

(Insert Date)

Joaquin Madrenas, MD, PhD, FCAHS
Professor of Medicine
Vice Dean for Faculty
David Geffen School of Medicine at UCLA

Re: (Insert full name of foreign physician and degree title i.e. M.D, MBBS, DO, etc.)

This letter certifies that (Insert full name of foreign physician) has satisfactorily completed 36 months of clinical service from (Start date) to (End date), pursuant to Section 2113 provisions of the Business and Professions Code in the State of California.

Dr. (Insert full name of foreign physician) has held an academic appointment as an (UCLA appointment title) in the Department of (Department name) from (Start date) to present and was originally approved with a 2113 Special Permit on (Date of initial approval).

Summary of duties performed and percentage of time:

Provide full activity details and clarification on percentage of time spent performing clinical/teaching duties and research duties. Please include percentages spent on each or a breakdown of working days and/or hours spent in each category.

Competency attestation:

Please indicate whether the registrant has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice.

Dr. (Insert full name of foreign physician) has completed a full 36 months of service under the direction of Dr. (Insert supervisor's full name and degree title i.e. M.D, MBBS, DO, etc.), with California Medical License # (Insert CA Medical License #).

Sincerely,

(Chair's name)
(Name of Department)