
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)

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

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). (He/She) has completed a full 36 months of service under the direction of Dr. (Supervisor's name and title).

Sincerely,

(Chair's name)
(Name of Department)